Clinical Lectures ON DISEASES OF THE CHEST.

Delivered at Charing-cross Hospital,

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LECTURE IV.

ON PRESYSTOLIC MURMUR.

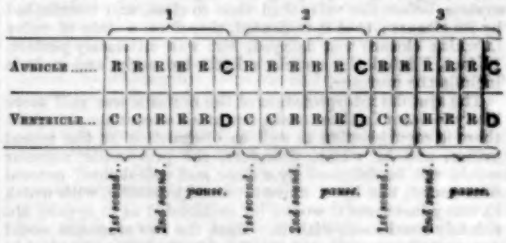
GENTLEMEN,—I wish to-day to call your attention to a subject which, to me, is a very interesting one, because I think it marks the most important step in advance that has of late years been made in the subject of physical diagnosis. It is the recognition and correct interpretation of a particular cardiac murmur, which, up to a very recent period, was entirely overlooked and misunderstood, and overlooked *because* misunderstood, but which is now well known and recognised as *presystolic murmur*. And this name, "presystolic," which marks the particular period in the heart's rhythm at which the sound occurs, is the very key to its nature, to its pathological significance, to the preciseness of its indications, and to the facility of its recognition; and the key also, as I shall show you presently, to its past obscurity and misinterpretation. The sound must have existed as long as human hearts have been diseased; it must have been heard as long as the art of auscultation has been practised. But it was so misunderstood and misinterpreted that, common as it is now known to be, not only was a murmur indicating that which this is now known to indicate stated to be the rarest of morbid heart sounds, but the very existence of such a murmur was by many observers authoritatively denied. Now all is changed; and anyone who should fail to recognise and identify this sound would not only be unfit to hold the place of an accomplished and critical physician, but could hardly be considered a decently informed member of our profession. And to what is this change due? It is simply due to a better comprehension of the physiology of the heart, and especially of that part of its physiology which relates to the rhythm of its movements; and if I wanted to illustrate the importance of physiology in relation to the rational practice of medicine, I could not choose anything better than the history of presystolic murmur.

Before I direct your attention to the cases illustrating this murmur, I should like to say a few words to you about the sound itself; and in order that you may clearly understand what I say, I must detain you for a minute or two by some preliminary physiological considerations.

The old account of the heart's action was a very simple one. The heart consists, it was said, of four cavities—two auricles and two ventricles; each cavity is alternately in a state of contraction and dilatation; the auricles contract and dilate together, and the ventricles contract and dilate together; but the auricles and the ventricles are always in an opposite state—when the auricles are contracted the ventricles are dilated, and when the ventricles are contracted the auricles are dilated. Such an account as this had the great advantage of simplicity and conciseness; but, unfortunately, it had also the disadvantage of being not only defective, but altogether erroneous. For it is not true to say that the auricles and ventricles are always in an opposite state, for during a considerable portion of each cycle of the heart's movements auricles and ventricles are alike relaxed. Nor is it true to say that the contraction of the one set of cavities coincides with the dilatation of the other, for the auricles do not contract at the time the ventricles dilate.

Let me now describe to you what really takes place. It does not much matter where we start, for the movements of the heart are repeated in a continuous circle; but we will start, if you like, at that point at which, as I have said just now, all the chambers are relaxed, auricles and ventricles alike. During this period the blood is passively flowing from the great veins, systemic and pulmonary, into the auricles, and through the auricles, as through open antechambers, into the relaxed ventricles. In this way both auricles and ventricles are filled. Then occurs the first act of contraction—that of the auricles, whereby they drive, by a short and sudden stroke, the blood they contain into the ventricles, emptying themselves, and rendering the ventricles not merely full but *distended*. To the contraction of the auricles immediately succeeds that of the ventricles—*immediately*, without any pause whatever. If you watch the movements of the heart of a frog, you will see that the contraction of the ventricles follows that of the auricles so quickly that it looks like a single wave of contraction passing from the one to the other. By the contraction of the ventricles, which is more sustained than that of the auricles, the auriculo-ventricular valves are shut (producing the first sound), and the blood is driven forward through the aorta and pulmonary artery. To this immediately succeeds the relaxation of the ventricles, attended by the closure of the semilunar valves, and the production of the second sound thereby; and then the whole heart lies relaxed, ventricles and auricles, the auricles having previously relaxed immediately after their short and sudden contraction, and become filled with blood, ready to pour it into the ventricles the moment the relaxation of these latter takes place. This state of general relaxation of the entire heart continues till it is broken by the contraction of the auricles, the blood in the meantime passively flowing through them into the ventricles and filling the whole organ, as I have already described; and so on.

Perhaps you will better understand this sequence of events, and the relative condition of the auricles and ventricles at any point in the heart's rhythm, if you look at this diagram. It represents three complete pulsations, each



divided into six parts. The upper row of letters indicates the condition of the auricle, the lower that of the ventricle. R stands for Relaxed, C for Contracted, and D for Distended. I have emphasised the contraction of the auricle, and the period of distension of the ventricle, by block letters, for a reason which will presently appear. Suppose we take the lower row of letters, marking the condition of the ventricles, first. You see that the ventricles are contracted one-third of their time and relaxed two-thirds, and during the last portion of their period of relaxation become suddenly distended (**D**). You see that the first sound coincides with the commencement of the contraction, and the second with that of the relaxation of the ventricle; and that the pause, or period during which there is no sound, occupies the remainder of the period of relaxation. The auricle, on the other hand, you see, is in a state of contraction during only one-sixth of its time, and relaxed during the remaining five-sixths, so that it is relaxed five times as long as it is contracted; whereas the ventricle is relaxed only twice as long as it is contracted. You see, too, that the auricle and ventricle are in the same condition (both relaxed) during three out of the six parts into which I have divided each entire heart's beat—that is, during half their time,—and in an opposite condition during the other half; that they are in the same condition during the first three-fourths of the ventricular diastole (R R R), and in an opposite condition during the last fourth of the diastole (**D**) and the entire systole (C C). How different an account is this from that which made the auricles and the ventricles always in an opposite state—the auricles contracted when the ventricles were dilated, and the ventricles contracted when the auricles were dilated. The diagram shows, too, how immediately the contraction of the ventricles follows that of the auricles.

Now to apply this to the subject of to-day's lecture, of which, indeed, it is the key. The murmur about which I am speaking to you, this presystolic murmur, occurs, as its name implies, immediately before the systole, or ventricular contraction. Now what, as shown by the diagram, is taking place at that moment? Why, the contraction (C) of the auricle. Here is the explanation of the whole thing: this murmur coincides with the auricular systole—with the moment at which the relaxed state of the auricle is exchanged for one of active contraction, and the passive flow of blood through the relaxed auricle into the relaxed ventricle for its sudden and forcible expulsion through the auriculo-ventricular orifice. The period, therefore, at which the murmur occurs is the period, and the only period, at which blood is passing forward with any force from auricle to ventricle, and a period at which no other blood movement is taking place; the murmur must therefore be an auriculo-ventricular obstructive murmur, and, if situated on the left side of the heart, must indicate mitral constriction.

Now how is it all this was not known before? Because it was not known that the auricular contraction was confined to the presystole, and because the murmur is so driven home to the systole that it appears to run into it and form a part of it, and so was set down as systolic. As I have said before, this murmur must have existed from all time; and since it must have been heard, we can only explain the opinion of the rarity, and even non-existence, of mitral constrictive murmur, by its having received a wrong interpretation. The interpretation that I believe it did receive, in the great majority of instances, was that it was systolic—that is, regurgitant. I am quite sure myself, looking back upon what I used to hear before I understood it, and comparing it with what I hear and understand now, that I used to mistake such a murmur for an *early* systolic one—for a regurgitation accompanying the very commencement of the systole, before the valve had time to close, and terminated by its closure; that it indicated, therefore, a state of valve in which closure was delayed, but was ultimately perfect. In fact, I dated the systole a little too early, and made it include the murmur.

The systolic interpretation of the murmur was still more likely to occur in those cases, not at all uncommon, in which there is regurgitation as well as obstruction at the mitral orifice, and in which, therefore, the presystolic murmur would not be followed by a clear and well-defined natural first sound, but by a murmur, clearly systolic, with which in many instances it would be so blended as to appear absolutely continuous with it. Here the two murmurs would appear to be one, the presystolic element being absorbed in the systolic, the systole being antedated, and appearing to commence earlier than it really did.

There was another reason why this murmur was not recognised as indicating mitral obstruction. It was conceived that a mitral obstructive murmur must occur at the *diastole*. As murmurs generated by blood rushing out of the ventricle, forwards or backwards, occurred at the systole, so it was conceived that murmurs generated by blood rushing into the ventricle, forwards or backwards, must occur at the diastole. One of these, aortic regurgitant, was known to be diastolic in its period, and therefore it was thought that the other, mitral constrictive, must be diastolic too. We see this idea pervading the writings of all authors on this subject. Dr. Hope speaks of mitral constrictive murmur as diastolic; and that he means strictly diastolic—that is, occurring at the time of the second sound—is clearly shown by his expressing the opinion that its former supposed frequency was owing to aortic regurgitant murmurs being mistaken for it, and that since he had learned to recognise aortic regurgitation he had found mitral diastolic murmur to be exceedingly rare. No doubt he had, and so would you or I if we had looked for it at the period of the diastole. Dr. Walshe describes the murmur of obstructive mitral disease as "a *diastolic murmur*, of maximum force immediately above and about the left apex;" and he goes on to say that "it is rarely loud enough to cover the second sound completely, even at the apex;" implying that it occurs at the same time as the second sound—that is, at the commencement of the diastole. I must, however, do Dr. Walshe the justice to say that in another paragraph he says: "This murmur is commonly spoken of as diastolic in rhythm; but in point of fact it is rather post-diastolic or presystolic than positively coincident with the diastole." Even Skoda speaks of the murmur of mitral constriction as occurring at the time of the second sound. Dr. Hughes Bennett describes the murmur of mitral obstruction as "a murmur with the second sound loudest at the apex." Dr. Herbert Davies speaks of the murmur as diastolic. Dr. Stokes, in his admirable work, asserts that in ordinary cases of mitral murmur we cannot say whether the murmur is constrictive or regurgitant, and places the word "presystolic" in the category of terms which he considers to act injuriously by conveying the idea that the separate existence of the phenomena they designate is certain, and that their diagnostic value is established. Weber says, "Should contraction of the ostium venosum of the left ventricle exist, a murmur occurs either together with, or in place of, *the second sound*;" and Dr. Flint, of New York, a most accomplished stethoscopist, in his recent work on Diseases of the Chest, speaks of a "mitral direct" as a *diastolic* murmur. It is not surprising then that these observers, looking for a mitral obstructive bruit at the wrong time, should come to the conclusion, as most of them do, that it is among the rarest of cardiac murmurs.

Let me now direct your attention to several cases of this murmur that have recently come under our observation.

CASE I.—Fanny B——, aged twenty-four, always enjoyed good health up to the age of nineteen—that is five years ago,—when she was suddenly seized with shortness of breath, so short that she could not cross the room. A week after the shortness of breath commenced, spitting of blood appeared. The blood was in little pieces, bright in colour, but not profuse in quantity. The blood-spitting lasted continuously for six months. She still spits it occasionally, though very seldom; and it is now generally black. There appeared to be no fever accompanying the attack of shortness of breath, she was not confined to her bed, had no shivering, no rheumatic pain, but slight loss of appetite, slept well, and did not appear to have caught cold. She never had rheumatism in her life. Two months after the first appearance of her symptoms I saw her, and advised her to come into the hospital. Her breathing was then excessively short, she was obliged to lie very high at head, and was spitting blood. I examined her heart, and at once detected the nature of the lesion. She was in no way anæmic, and before this breathlessness seized her was in perfectly good health. She was in the hospital two months. The breathing became a little better; but the heart worse. She experienced pricking pains in the præcordial region, and palpitation, especially on movement. She has ever since been going on in much the same way in other respects, except that her heart seems worse—palpitates more, and its action is more easily deranged. She has no cough; pulse 88; respiration 18; bowels regular; monthly periods regular.

On examining the heart, a strong, rough bruit is heard from the second to the fifth rib on the left side; except in this situation it is feeble, but may be heard over a large area. It gradually becomes more intense on passing downwards till the fifth rib is reached; below that it suddenly ceases, though the natural sounds of the heart are audible. Its greatest intensity is at the exact seat of the apex impulse; towards the axilla it becomes more feeble, and is quite inaudible at the back. The *time* at which the bruit is heard, however, is its peculiarity: *it begins almost immediately after the second sound, and ends sharp with the first sound*; the first sound closes it. It is more intense just before the first sound than at any other time—that is, it augments in intensity till the first sound suddenly brings it to an end. At the base the first and second sounds are quite natural, and the bruit is hardly audible. It is therefore clear that there is no aortic obstruction, or aortic or mitral regurgitation. The only thing left is mitral obstruction, and with this the sound exactly agrees: it is presystolic—that is, it occurs at the time when the auricle is emptying itself into the ventricle; is most intense towards the end of the pause—that is, at the auricular systole,—and is loudest at the apex of the ventricle, to which the blood is being driven, and to which the sound is brought by convection. I may remark, that it is quite clear in this case, from the sound commencing immediately after the second sound, that it begins before the auricular systole; and that, therefore, the *passive* flow of blood from the auricle into the ventricle is sufficient to generate it.

CASE 2.—Elizabeth N——, aged seventeen, thin and unhealthy-looking, and very small for her age. Two years and a half ago she had rheumatic fever, and was admitted into

this hospital. From that time her breath has been short, and she has suffered from palpitation. Three weeks ago the rheumatism reappeared. She went to bed shivering and feverish; the next morning she awoke unable to stand upon her left foot, and before she was admitted into the hospital nearly every joint in her body had been affected. She came in twelve days ago, having then suffered from the rheumatic fever ten days; and when admitted, her knees, ankles, and knuckles were the principal joints affected. She had a good deal of fever, sweating, thirst, and anorexia; her tongue was dry, and the urine high coloured. She was ordered the ordinary rheumatic treatment, three grains of sulphate of quinine every three hours, and began to mend almost directly; not a single additional joint was affected after she commenced the quinine. In two days she had lost all feverishness and thirst, and was able to take meat diet; and two days later—that is, on the Monday following the Thursday on which she was admitted—she was able to dress herself and get up. On examining her on admission, a cardiac murmur was at once detected; its nature also was at once detected, and it was recognised as a presystolic murmur. It consisted of a grinding bruit, audible at the apex, *immediately preceding and wound up by the systole*. Its point of greatest intensity was the exact apex, and going in any direction from thence it became feebler. It could be heard over the right ventricle, also up towards the axilla, and even at the back; but at the base it was inaudible. The grind of the murmur could plainly be felt by the hand placed over the apex. The impulse was abnormally strong, too widely diffused, and too visible; the interspaces between the fourth, fifth, sixth, and seventh ribs fluttering conspicuously. The apex beat was half an inch lower than natural. There was no perceptible impulse in the scrobiculus.

CASE 3.—James W——, aged nineteen, a farm-labourer, a stout, strong, healthy-looking young man—to whose case I have already, in a former lecture, called your attention, in illustration of the influence of convection in determining the seat of cardiac murmurs,—presented on admission the following physical signs:—Evidences of hypertrophy well marked, the apex beat being a good inch lower than natural. At the base the first sound does not seem to be modified, but the second sound is a little indistinct. At the apex a grinding bruit is heard, *immediately preceding an apparently natural first sound, and terminated by it*. On working back well into the axilla, and not until the axilla is quite reached, a systolic murmur begins to reveal itself, increasing in distinctness as you work round to the back, where it is loud and strong.

CASE 4.—Anna G——, aged forty-three, a widow, by occupation a laundress, was seized, two years and a half ago, one Sunday morning on leaving home, with shortness of breath and palpitation, which from that time has never ceased, but has of late become much worse. Her state on admission is described as follows:—Dyspnœa extreme, the patient unable to lie down day or night; face dusky. Expectorates an abundance of frothy mucus. Moist sounds audible all over the chest. Heart's action irregular, rapid, fluttering, and feeble; it is impossible to follow its action with precision, or to count its pulsations. About 68 pulsations can be counted at the wrist in a minute, but if all the intermissions were filled up they would make 140, or more than twice the number at the wrist. The intermissions are more numerous at the wrist than at the heart, as many of the feeble cardiac pulsations do not reach the wrist at all. The whole action of the heart is a confused and hurried jumble of irregularities and intermissions, together with inequalities of strength in the pulsations; its typical character is feebleness. It can readily be understood how difficult it must be to fix and verify a murmur in a heart whose rate of pulsation is 140, and whose action is so feeble and irregular; nevertheless I can plainly detect, now and then, when I get an unusually strong and sustained contraction standing out clear from its neighbours, a presystolic murmur; I can verify a short apex grind *closed by the first sound*. I can hear no other murmur at all, and this only fugitively, now and then. After being in the hospital a few days the cardiac symptoms generally increased, the heart's action became still more irregular, fluttering and intermittent; she began to spit frothy, florid blood, and blood-stained mucus; and rapidly lost strength. Unfortunately a few days later she insisted on leaving the hospital, and we thus lost the chance of verifying the valvular lesion.

CASE 5.—Emma C——, aged twenty-one, always had good health up to the time she had rheumatic fever, two years and a half ago. About a month after leaving the hospital in which she was then treated, she noticed that her breath was very short on any exertion; and to this symptom were soon added palpitation, a dusky turgidity of face, and the expectoration of blood.

Physical examination.—On listening to the heart, two distinct sounds are heard, at two distinct times and in two distinct situations: one, soft and feeble, accompanying the systole, most audible at the point of junction of the cartilage of the left fifth rib with the sternum, lost on proceeding from that point for more than an inch in any direction, completely lost before reaching the left breast, and also completely lost before reaching the base of the heart; the other heard *immediately before the systole*, rough, loud, and grinding, most intense at just one inch below and to the right of the left nipple. This sound is *audible* over a much larger area than the other, but its point of *greatest intensity* is very restricted—not larger than a shilling. In the situations where it is audible, it is terminated by a natural systolic sound. At the seat of the systolic murmur before mentioned it is quite inaudible, and so is the systolic murmur in the situation where the presystolic is heard; so that each murmur at the place where it is audible appears to be single. The presystolic murmur is accompanied by a strong grinding thrill at the point of apex beat, perceptible by the hand; the systolic murmur has none. Both bruits are very much increased by the slightest exertion, especially the presystolic—or by mental emotion. Sounds at the base perfectly natural. Pulse 88, respiration 35, semi-reclining and still. At a subsequent date I find the following note: "The only change that I observe in the physical signs is that the presystolic sound is more extended, so that it is audible at the seat of the systolic murmur, and even at the base. The presystolic murmur is much longer than the auricular systole, extends much further back from the systole, and appears to commence almost with the ventricular diastole; unless, as I am inclined to think, the auricular systole is unusually prolonged. Does the inability of the auricle to empty itself forwards provoke it to anticipate its systolic action?"

After a short residence in the hospital, this patient left temporarily improved; she was soon, however, as you know, readmitted very much worse, with increased purpleness, breathlessness, palpitation, and hæmoptysis; and after lingering on for some weeks, with symptoms full of interest, but which I will not now detain you with, sank the other day. Her heart, which I show you here, presents a complete confirmation of the diagnosis which we made during life, and shows a disorganisation of the valves which must necessarily have produced extreme obstruction at the mitral orifice and free reflux at the tricuspid. Here you see that the two curtains of the mitral valve have become adherent at their edges, so as to convert it into a sort of tubular or funnel-shaped cone, perforated at its apex by an orifice scarcely larger than a quill; while, if you look at the right side of the heart, you see that the free edges of the tricuspid valve are, by the contraction of the tendinous cords, pinned to the wall of the ventricle, and its curtains puckered and corrugated, leaving an opening, which they could do nothing towards closing, into which I can thrust three or even four fingers.

(To be continued.)

LONDON UNION SOCIETY.—The Annual General Meeting of this Society was held at King's College, on Wednesday evening. The Report of the Committee showed that during the past session 116 members had joined the Society. The receipts had been £14 10s., and the expenditure £10 10s. 1d., thus leaving a balance of £3 19s. 11d. The following officers and committee were then elected:—President: Prof. W. Allen Miller, M.D., LL.D., F.R.S. Vice-presidents: Professor Angus, M.A., D.D., Professor Morley, M.A., Hilton Fagge, M.D. Treasurer: C. S. Tomes, Esq., B.A. Secretaries: F. B. Meyer, Esq., J. Baxendale, Esq. Committee: E. W. Beal, Esq., B.A., J. Beavan, Esq., F. Duncan, Esq., J. Edwards, Esq., H. N. Martin, Esq., Ch. Kelly, Esq., P. Lawton, Esq., E. W. Bridgeman, Esq., P. J. Carey, Esq., M.A., Charles Joubert, Esq., J. Redman, Esq., and E. W. Sollis, Esq.

ON A PURELY MILK DIET IN THE TREATMENT OF DIABETES MELLITUS, BRIGHT'S DISEASE, DISEASE OF THE SUPRA-RENAL CAPSULES, FATTY DEGENERATION, &c.

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(*Continued from page 539.*)

DURING the last three years I have, in certain diseases, put the milk treatment, *methodically persevered in*, to the test of direct experiment, both in hospital and private practice; and with success so much beyond my own expectation that I feel induced to lay before the profession the following important cases, which can be attested by the house-surgeon, assistant house-surgeon, pupils, and several of the medical staff of the Sunderland Infirmary, as well as by several gentlemen in the town and neighbourhood, with whom I attended some of the cases in consultation, and whose names shall appear in connexion with them.

I shall first record two cases of diabetes mellitus in which the disease was far advanced and the symptoms fully developed. In the one the patient was *rapidly* restored to a condition of health and strength, a little sugar only remaining in the urine to show that the disease was not completely eradicated. In the other, however, *the cure was rapid and complete.* I believe I may claim to be the first who has treated and cured this disease by an exclusively milk diet.

CASE 1. *Diabetes mellitus; rapid disappearance of the symptoms and restoration of health.*—John H——, aged thirty-one, a seaman, of temperate and regular habits, and always healthy until the commencement of his present illness, in the month of May, 1867, during a voyage from Rio Janeiro to Shanghai. It began with loss of sleep, great thirst, and a large flow of urine; the loss of sleep, accompanied with thirst at night, has been very distressing; he has never slept soundly since the above date.

At Shanghai he went into an hospital for ten days, and was then told he was suffering from diabetes mellitus, but no dietetic treatment was recommended. Subsequently he sailed to various ports in China, and thence to New York, in May, 1868, having then suffered from the disease twelve months. After remaining here some time he visited some other transatlantic ports, and returned to Liverpool in the following October, and was paid off. He now came home to Sunderland, and after remaining a week, sailed to Hamburg, and then returned late in November, when he placed himself under the care of my friend, Mr. Francis, surgeon to the police.

On Dec. 13th I met Mr. Francis in consultation. At this date, nineteen months after the disease had fully developed itself, the patient was suffering from excessive thirst; inordinate appetite; dryness of the skin; a spongy, bleeding condition of the gums, with looseness of the teeth; great depression of spirits, and almost complete loss of sensation over the outer surfaces of both thighs; also, great impairment of vision. In addition to these symptoms he was passing daily, and had done so since the beginning of his illness, above *fifteen pints* of pale, straw-coloured urine, the specific gravity then being 1040.

While under Mr. Francis's treatment, during the three previous weeks, he was placed on a diet of butcher's meat (from 1½ lb. to 2 lb. daily), with brown bread, and new milk occasionally. In addition, two grains of opium were given nightly, and a preparation of iron thrice daily. No improvement took place; and on the 18th of December he was placed under my treatment in the Sunderland Infirmary, his condition on admission being that just described. No other disease could be detected. The tests of Trommer and Moore showed an abundance of sugar in the urine.

On admission, on the 18th of December, the patient was placed on a *skim-milk diet*; consisting of six pints daily, taken, previously warmed, at four meals, with an interval of four hours between each. *All other food was excluded.* Opium was prescribed in four-grain doses each night at bedtime; and one grain of sulphate of iron, and three grains of sulphate of quinine, in mixture, thrice daily.

The following table* shows the results obtained as regards the quantity of urine daily voided, its specific gravity, and quantity of contained solids. The quantity is given in round numbers, and is a very close approximation to the truth. The first line of the table indicates the state of the urine prior to the commencement of the treatment; the second, its condition at the end of the first *three* days.

1868.	Daily quantity. Pints.	Specific gravity.	Quantity of solids. Oz. dr. gr.
Dec. 18	15	1040	23 7 30
„ 21	7	1043	12 0 1
„ 22	3½	1035	4 7 5
„ 23	3½	1027	3 6 6
„ 24	5½	1018	3 7 32
„ 25	5	1030	5 7 50
„ 26	3	1038	4 4 24
„ 27	4	1027	4 2 24
„ 28	5	1021	4 0 25
„ 29	4	1025	3 7 41
„ 30	4	1020	3 1 28
„ 31	4	1020	3 1 28
1869.			
Jan. 1	4	1020	3 1 28
„ 2	4½	1040	7 1 27
„ 3	4½	1020	3 4 39
„ 4	4½	1020	3 4 39
„ 5	4	1019	3 0 12
„ 6	4½	1016	2 6 47
„ 7	4½	1019	3 3 18½
„ 8	4	1020	3 1 28
„ 9	4	1020	3 1 28
„ 10	3½	1019	2 5 10½
„ 11	3½	1018	2 3 38
„ 12	4	1015	2 3 8
„ 13	4	1024	3 6 26
„ 14	4	1018	2 6 56
„ 15	4	1019	3 0 12
„ 16	4½	1012	2 1 15
„ 17	4½	1018	3 1 48
„ 18	4½	1018	3 1 48
„ 19	4½	1020	3 4 39
„ 20	3½	1017	2 4 4
„ 21	3½	1016	2 3 7½
„ 22	3	1027	3 1 48
„ 23	3½	1030	4 1 29
„ 24	4	1030	4 6 16
„ 25	3½	1035	4 7 5
„ 26	4	1040	6 3 4
„ 27	4	1040	6 3 4
„ 28	4	1030	4 6 16
„ 29	4	1025	3 7 12
„ 30	4	1030	4 6 16
„ 31	3½	1025	3 2 18
Feb. 1	3½	1018	2 4 4
„ 2	3	1020	2 3 6
„ 3	3	1020	2 3 6
„ 4	3	1020	2 3 6
„ 5	3	1020	2 3 6
„ 6	3½	1017	4 4 4
„ 7	3½	1028	4 1 30
„ 8	3½	1015	2 0 44½
„ 9	3½	1020	2 6 17
„ 10	3	1020	2 3 6
„ 11	3	1020	2 3 6
„ 12	4	1023	3 5 20
„ 13	3½	1027	3 6 6
„ 14	4	1031	4 7 32
„ 15	3½	1026	3 4 59½
„ 16	3½	1024	3 2 46½
„ 17	3½	1030	4 1 29
„ 18	3	1025	2 7 54
„ 19	3½	1024	3 2 46½
„ 20	3½	1022	3 0 30
„ 21	3½	1022	3 0 30
„ 22	3½	1020	2 6 17
„ 23	3	1040	4 6 18
„ 24	3	1026	3 0 51
„ 25	3	1024	2 6 57
„ 26	3½	1020	2 6 17

* The calculation as to the quantity of solids is made from Dr. Henry's table, published in Dr. Copland's "Medical Dictionary," vol. i., p. 507, and Dr. Prout's "Stomach and Renal Diseases," 5th edit., p. 20. If we deduct about 600 gr., or 10 dr., as the normal quantity of solids daily in the urine, we arrive at the quantity of sugar present.

The improvement of the patient's general health was quite as rapid and striking as that of the condition of the urine. On the second night he slept soundly, for the first time for nineteen months; and each succeeding night brought with it prolonged refreshing sleep; the extreme thirst and voracity of appetite rapidly diminished; the skin became moist and perspiring at night; the state of the gums improved from day to day, the loss of sensation in the thighs diminished, and the eyesight grew gradually stronger.

On the 1st January (fourteenth day of treatment) the condition of the patient was as follows:—Thirst *quite gone*, also the inordinate appetite, although he sometimes has a craving for solid food; his appetite is appeased by each meal of milk, though previously no amount of solid food satisfied the morbid craving which always troubled him. Gums very much improved and consolidated. Skin perspires freely at night and after each meal of warm milk. Sleep sound and prolonged. Anæsthesia on the surface of the thighs nearly gone. Mental depression greatly relieved. Sight very greatly improved; he can now read for more than an hour together, although previously this was impossible, because, as he says, so soon as he attempted, "the words ran all together into blotches." Bowels regular. *Four* pints of urine; specific gravity 1020. Weight 9st. 2 lb.; having lost 2st. 13 lb. since the commencement of his illness. He says he feels himself quite a new man.

Jan. 10th.—Progressing favourably; all the symptoms remaining at the date of the previous report rapidly diminishing. Quantity of urine during previous twenty-four hours 3½ pints; specific gravity 1019; solid matter below 2½ oz. The weather being dry and mild, he took a walk in the grounds for an hour on the two preceding days, and on each occasion returned fatigued, went to bed, and slept soundly for some time, and also perspired freely. Wishes to have more milk, but not at all thirsty.

It would be uselessly tedious to detail the daily progress of the patient from this period onwards. His general health rapidly and steadily improved up to Feb. 26th, where the annexed table ends. Prior to this date he declared himself to be perfectly well, the only remaining effect of the disease being a looseness of his front teeth (one of which was extracted) from the previously diseased condition of the gums, now quite healed. All the symptoms referable to the nervous system—sleeplessness, greatly impaired vision, local anæsthesia, mental depression, muscular prostration, the thirst, dryness of skin, and inordinate appetite, all of which had produced intense suffering—had completely disappeared. In short, the presence of a small quantity of sugar in the urine alone remained to show that the disease was not eradicated.

The table demonstrates that the daily quantity of urine fell, from the very commencement of the treatment, from above 15 pints containing 24 oz. of solid matter, to 7 pints and 12 oz. of solid matter, in three days; and to 3½ pints, and less than 5 oz. of solids, in five days; and that, *with five exceptional occasions*, the quantity of the urine and its solids steadily diminished up to the 21st of January, a month afterwards, when the amount was 3½ pints, specific gravity 1016, solids 2 oz. 3 dr. 7½ gr., containing a little above an ounce of sugar; but on the 16th there must have been less than an ounce.

On the exceptional five days alluded to, I have good reason to believe that the patient clandestinely indulged in other kinds of food (offered by other patients who chaffed him about his milk diet), and probably in spirits on New Year's day, as the table shows that on the 2nd of January the urine was 4 pints, specific gravity 1040, and contained 7 oz. 1 dr. 7 gr. of solids, and therefore nearly 6 oz. of sugar.

As a desire was expressed for some solid food, I allowed 6 oz. of Dutch cheese in addition to the milk; but as this addition caused the quantity and specific gravity of the urine to rise steadily during the next six days, until the daily amount was 4 pints, specific gravity 1040, solids 6½ oz., it was discontinued. The milk alone was now persevered in for another month, during which it will be seen there was a marked and steady decrease in the quantity of sugar in the urine, subject to an occasional rise, which I attributed to secret indulgence in other kinds of food.

On the 26th of February the table ends; the quantity of urine was on that day 3½ pints, specific gravity 1020, and the patient felt perfectly recovered, and without the slightest feeling of discomfort. Consequently the daily allowance of milk was reduced to 5 pints; and about half a pound of lean mutton or beef, with a moderate amount of cabbage or greens, was allowed for dinner. The effect of this was to raise the density of the urine to 1035, but without augmenting its quantity. This diet was continued, and the opium withdrawn without any ill effect. From this date the urine varied daily in quantity from 2½ to 3½ pints, and in density from 1030 to 1044, but at the same time it continued to deposit a copious quantity of lozenge-shaped crystals of uric acid.

On the 7th of April the patient was continuing well, and improving in strength, having gained 4 lb. in weight. The quantity of urine was 2½ pints; sp. gr. 1030. He was dismissed with the injunction to continue the same diet for some months to come. I have seen him since frequently: on the 25th of September last, when he informed me that he still remained well, and had gained nearly a stone in weight since the period of his admission into the infirmary.

The history of the next case is soon told. In it the treatment was much more rapid and decisive in its operation.

CASE 2. *Diabetes mellitus; rapid and complete recovery.*—Thomas H——, aged seventeen, was admitted into the Sunderland Infirmary on July 7th, 1869. Three months previously he was seized with a feverish attack; a large abscess formed in the neck below the right inferior maxilla, burst, discharged for a fortnight, and then healed. Shortly afterwards he was seized with intense thirst, which has continued up to the present date. Simultaneously with the thirst, he began to pass large quantities of pale-coloured urine, amounting, during the eleven hours each night while under the observation of his mother, to 6 pints—equal to about 12 pints daily. The appetite also became voracious; and he now suffers very much from dyspepsia. Bowels regular; skin hot and dry; pulse feeble and rapid. He has lost much flesh, having been previously stout and robust, but now greatly emaciated, and his strength so much reduced that he can scarcely walk. Weight 5 st. 13 lb. He sleeps badly, being much tormented with thirst, and suffers greatly from a feeling of aching and feebleness in the limbs. His diet has been of the ordinary description.

July 8th.—Condition as above. Quantity of urine 11 pints; sp. gr. 1038, and therefore containing about 15½ oz. of sugar. The patient was at once placed on a milk diet, consisting of six pints of skimmed milk, warmed, and divided into four meals, with an interval of four hours between each; all other food was strictly prohibited. As a tonic, one grain of sulphate of iron and two grains of sulphate of quinine, in mixture, were given thrice daily. *This constituted the whole of the treatment of the case* from beginning to end; and although commenced after midday, there was considerable improvement on the following forenoon, when the quantity of urine was a pint and a half less.

The following table gives a correct measurement of the quantity and density of the urine throughout the case: daily for the first eight days; and every other day subsequently up to the 27th August, when, in consequence of the continued absence of sugar from the urine, and of all the symptoms of the disease, a change was made in the patient's diet.

Table showing the change effected in the Urine.

	Daily quantity in wine pints.	Sp. gr.		Daily quantity in wine pints.	Sp. gr.
July 9	9¼	1038	Aug. 1	4	1007
„ 10	6	1032	„ 3	4	1006
„ 11	5	1032	„ 5	3½	1006
„ 12	5	1033	„ 7	4½	1007
„ 13	6	1030	„ 9	4½	1007
„ 14	5½	1032	„ 11	4½	1007
„ 15	5½	1039	„ 13	5	1007
„ 16	4½	1023	„ 15	4	1006
„ 18	5½	1020	„ 17	4½	1007
„ 20	6	1017	„ 19	4	1005
„ 22	5	1015	„ 21	4	1010
„ 24	4½	1015	„ 23	4½	1013
„ 26	3½	1007	„ 25	4½	1012
„ 28	4	1007	„ 27	4	1009
„ 30	5½	1008			

10th.—Patient has slept much better; thirst greatly diminished; appetite much less urgent. Urine 5 pints less than on admission, and 8 degrees less in density. (*This improvement was effected in less than forty-eight hours.*)

19th.—Thirst and inordinate appetite almost gone; sleep sound every night, accompanied with perspiration; skin moist during the daytime; strength much improved, and the sensation of weariness in the limbs much diminished; urine 5¼ pints, sp. gr. 1018.

28th.—The thirst and inordinate appetite gone; the sound sleep and perspiration continue; the feebleness and uneasiness in the limbs quite gone. The patient says he feels quite well. Urine 4 pints, sp. gr. 1007.

Aug. 4th.—The patient continues to feel quite well. *Every symptom of the disease gone.* Urine 3½ pints, sp. gr. 1006; it yields a *very faint* indication of sugar with Trommer's and Moore's tests.

19th.—Health still improving; strength much increased; urine 4 pints, sp. gr. 1005; not a trace of sugar to be detected.

27th.—The report as on the previous occasion. Urine 4 pints; sp. gr. 1009; sugar entirely absent. Half a pound of lean mutton or beef, with cabbage in moderate quantity, to be allowed for dinner, and the quantity of milk to be reduced to 3 pints daily.

Sept. 29th.—The patient still continues free from every indication of the disease, and the urine, *free from sugar*, has ranged during the past month in quantity from 3 to 4½ pints daily, of a specific gravity from 1006 to 1013. His strength is wonderfully improved, and he has gained four pounds in weight since the date of the last report, the same diet having been persevered in.

Here, then, is a case of severe diabetes, with all the symptoms fully developed, including emaciation, the patient passing nearly 1 lb. of sugar daily, completely cured within a month by an exclusively skim-milk diet, accompanied with the administration of quinine and iron, which may have rendered some assistance, but which without the milk would not have produced any appreciable effect. The case further shows that the disease can be cured *without the administration of opium.*

I shall in a subsequent contribution make a few general observations on these two very remarkable cases.

(To be continued.)

A CONTRIBUTION TO THE HISTORY OF SCARLATINA.*

BY C. E. PRIOR, M.D., F.R.C.S.

THE town of Bedford and the surrounding district was in the year 1855 the subject of an epidemic visitation of scarlatina, more extensive and more fatal than had for some years before or has subsequently occurred. Cases occurred in 1854, nor was the epidemic extinct in one or two places in 1856; and I have thought it best for the present paper to take the mortality of those three years, not that any year since has been thoroughly exempt from deaths from scarlatina, but that this epidemic accession, though nearly all the deaths occurred in 1855, appears to extend into the three years.

The Bedford Union consists of 44 parishes; of these, 39 are rural, and 5 compose the borough of Bedford. The population of the entire union in 1855 may be taken to have been about 36,500, of whom 12,300 (more or less) would have been in the borough, 24,200 (more or less) in the rural parishes. The acreage of the union is 97,177. By the kindness of the superintendent registrar, I have had access to all the registers for these years, and the results I proceed to lay before the profession.

I find in the entire union during 1854, '55, '56, 186 deaths from scarlatina. It is difficult to be precise to two or three. Such entries as the death of a child, aged one year, from "dropsy;" or one of eight years from "anasarca, eight days;" or others from "scarlet fever," "typhus fever;" a child, aged eight, "inflammation of throat," are, to say the least, puzzling. I have classed them to the best of my ability.

Of the 186 deaths, 91 occurred in the town, and 95 in the rural parishes. Here, then, we arrive at a first result of our little history—viz., that scarlatina is about twice as fatal among town as among rural populations; not, as I conceive, so much from the vitiated life of the former as from their more frequent inter-communication, and the increased facility for the propagation of an infectious disorder.

The age of those who died bears out in a remarkable degree what has been so often noticed of the decreasing susceptibility of scarlatina with advancing life. There died—

Under 1 year	11	160
„ 10 years	149	
„ 20 „	22	
„ 30 „	3	
„ 40 „	0	
„ 50 „	1	
	186	

Station in life is rather more difficult to determine. We may assign to the

Gentry and professional classes ...	19 deaths.
Trading and lower middle class ...	21 „
Mechanics and labourers	146 „
	186

Numbers not much out of proportion to their relative strength in the population; so that it would appear that scarlatina is no respecter of persons. Of the cases in which more than one death occurred in a family, at least a full proportion were among the gentry and upper tradesmen.

The valley of the Ouse traverses the union from west to east. In the upper and tortuous portion of its course, through these parishes, the valley is narrow, bounded by eminences of boulder clay on either side. Towards Bedford the valley expands into what may have been in primeval times a lake. The subsoil of the vale is of gravel; in some places the lias rock is almost bared by the force, it is supposed, of an ancient river, much wider and much more impetuous than the present sluggish stream. It would appear that the disease was far more fatal on the low-lying gravels than on the clays. The greatest mortality (21) was in the village of Kempston, a large mortality (12) in the village of Turvey, both lying near the river. Then it must be borne in mind that Kempston is the most populous village in the union, and that it is nearest to, and in frequent communication with, Bedford, the main hotbed of the disease. Turvey is also a large village. Moreover, anomalies occur. The deaths in Renhold, high on the clay ridge, are more numerous than those in Goldington and Willington, on the flat below; while Barford, a large village, escapes entirely. Carlton, partly on the clay, has 9 deaths; while Harrold, rather larger, on the other side of the stream, has only 1. Biddenham, which is fairly elevated on the gravel, and not close to the river, has 6 deaths. Milton, close to the river, has only 1; while in Stagsden, high along the clay, the disease lingered longer than in any other village. There is nothing in these facts in the shape of clear proof that either proximity to the river or geological formation influenced the extension or fatality of the disease.

One or two of the minor "rookeries" of the town appear to have escaped, but the principal ones suffered with tolerable severity. Still I find that in three of the best terraces in the town, consisting altogether of less than forty houses, the mortality was equal to that of several populous streets in the lowest quarters; bearing out what I have before stated, that the upper classes suffered in at least a due proportion.

There is an impression with the non-professional public that *defective drainage* is connected with the spread of scarlatina, and the idea has been fostered by sanitarians from interested motives. There was nothing in this epidemic to sanction such a belief. At the time of which I am writing the town had not been drained on the new system; and the well-drained and ill-drained portions fared much alike.

Of the treatment of scarlatina it is not my object here to speak, though I am anxious, before I conclude, to say a few words as to the precautions proper to be taken in order to prevent the spread of this most formidable scourge. The few facts I have brought together will assist us to recognise that we have to deal with a disease propagated only by continuous succession from one to another. We find a susceptibility to the poison much diminished after the age of

* Read at the annual meeting of the South-Midland Branch of the British Medical Association at Northampton.

puberty—a diminution too remarkable to be attributed either to immunity through previous slight and unobserved attacks, or to utter want of susceptibility at any period of life. A lady, aged forty, was in her early youth exposed to the disease during the illness of a brother, but did not take it; during the month of February she nursed a daughter with scarlatina of moderate severity; two months later she nursed a son who had the disease rather more severely, and took it from him, and her attack was of about the usual stamp. The closer attention which she was compelled to pay in the second case may account for her ultimately taking the infection.

In May, 1855, a lady with a family of ten children was residing in one of the best terraces in Bedford. Three of the children were almost simultaneously attacked with scarlatina; in two of the cases the symptoms were exceedingly severe. The remaining seven children were separated from the invalids as far as was possible, and in the course of two or three days were taken to a cottage in the country. At the end of some days they returned for a day, when other lodgings were provided, and they were again sent away. On the 17th of May one son died; on the 27th a second, from the supervention of acute rheumatism. The third case recovered. So tardy was the separation and so necessarily imperfect were the precautions in this case, that it might be supposed that all these journeys to and fro were superfluous, that the remaining children were little if at all susceptible. But mark the sequel. After the death of her sons, Mrs. —— took the remainder of her family to the seaside. On her return she changed her residence to another part of the town. Having been there for some time, a box of clothes which had belonged to her little boy, the first who died, was opened, and some of them taken into use; when the whole of the seven children who had not had the disease immediately took it, though, I am happy to add, without any further fatal result.

To trace the source of every epidemic is no more possible with scarlatina than with small-pox; it should always be borne in mind that even in the diseases of whose propagation by infection, and by infection alone, we are most assured, it is quite the exception that we should be cognisant of the channel by which they were conveyed. The poison of scarlatina, be it fungoid germ or scale dust, is far inferior in volatility to that of variola; in fact, something like absolute contact either with the infected individual or with an infected substance appears to be necessary to its propagation. As a consequence of this, in no disorder do we impose a more immediate check to extension by simple separation of the invalid from the rest of the family. I am in the habit of directing that the patient should occupy a separate room, up a separate staircase if possible; if not, at the top of the house. All articles of clothing used by the patient should make their exit from the house in the manner least likely to leave behind anything deleterious; the window is at times the best and only safe exit. Curtains, carpets, and all articles of stuff should be reduced to the lowest establishment compatible with the requirements of the case. Those who are in attendance on the sick should communicate as little as possible with the rest of the household, and then only in the open air, or at a distance of some yards. All articles of dress used by them should be treated with the same precaution as those of the sick. The excretions previous to removal should be treated with carbolic acid. The use of disinfectants, as they are termed, in the sick-room does not rest on unequivocal data. "Experience of the largest and most decisive kind," says Dr. Budd, "has proved that chlorine—and I believe the observation applies equally to sulphurous acid in the degree of atmospheric impregnation respirable by man—has no appreciable influence in preventing the spread of infectious disorders." I shall be glad to know what the "experience" is. The experiments of Mr. Crookes on carbolic acid and on sulphurous acid during the cattle plague, and those of Dr. Dewar on the latter reagent, would appear to prove precisely the contrary, and had led me to suppose that in these two we possessed not simple *deodorants*, but veritable *disinfectants*. In a recent notice of Dr. Angus Smith's book in the *Public Health*, I have been sorry to find the *bona fides* of Mr. Crookes's experiments questioned. I await the clearing up of this difficulty.

The anointing of the body with camphor oil, as recommended by Dr. Budd, is certainly an excellent precaution, and occasionally grateful to the feelings of the patient; but some other of his directions, though good in principle, savour a little too much of the "Nightingale" school, and cannot always be carried out, unless in hospital practice.

Lastly, at the termination of the disease, when all desquamation has ceased, let the patient take three baths at intervals of two days, taking care that the head undergoes a thorough washing, brushing, and combing. Let him be dressed in fresh clothes, and he may, without risk, resume his place in the family.

To render the disease extinct in the house it is necessary that all articles of clothing, linen, bed, bedding, or curtains, should be exposed in an oven or drying-closet to a heat of 180° Fahr., taking care that the quantity operated on each time shall not be so great as to prevent all parts of the bundle attaining that temperature.

In this manner, with the addition of repapering the apartment, and the cautious treatment of any article not named which may have come into contact with the sick, the disease will be in all human probability extinguished. I will add that at this time it is well that the apartment, the doors and windows having been closed, should be thoroughly fumigated with sulphurous acid. Precautions such as these, however, cannot be carried out in the cottages of the poor. The rooms are required for use, the bedding &c. are in daily requisition, and little beyond a certain amount of whitewash, scrubbing, and washing can be effected. Looking at this, it has often been to me a matter of surprise that the number of cases among the poor is not considerably out of proportion to the rest of the population.

We may read with awe and with thankfulness for ourselves the records of former visitations of typhus, of plague, and of cholera; but the mortality of either of these is now as nothing to that of scarlatina, which annually carries off in this island its 20,000 victims. Science has yet failed to achieve for this formidable scourge what has been effected in the case of variola, and we know no modified form of the disorder exposure to which would be safe and justifiable. There is, therefore, pleasure in the reflection that its natural history, as respects its method of propagation, is pretty well made out, and that by the exercise of certain known precautions, not only may the mortality be restricted to much smaller limits, but that towards the adolescence of our rising population these precautions will bear their own fruit, and that after a time advancing age will of itself give an immunity not much inferior to that afforded by vaccination.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

DEATH BY HÆMORRHAGE FROM CEREBRAL TUMOURS.

(Under the care of Dr. HUGHLINGS JACKSON.)

THE modes of death from cerebral tumours are very various. One patient suffers from the tumour slowly, one nervous symptom following another; another dies in what is called brain fever; a third is suddenly killed by hæmorrhage from the tumour. Again some patients die without any symptoms referable to the head, and a tumour is found post mortem. Death by hæmorrhage deserves careful recognition. If we have a good history these cases give us little trouble in diagnosis.

A boy, aged nine, was under Dr. Hughlings Jackson's care at the London Hospital, for paralysis of the third nerve on one side, and hemiplegia on the other. These symptoms had come on slowly with headache; and there was a double

optic neuritis. He died during the night of effusion of blood from a tumour of the crus cerebri, which caused the paralytic symptoms. The palsy of the third nerve on one side, and of the arm and leg on the other, pointed to disease of the crus cerebri. The gradual onset of the paralysis, and its complication with double optic neuritis, made it certain that the disease was of some *coarse* kind. The age of the patient rendered it most probable that this coarse disease was tumour. His sudden death led to the inference of hæmorrhage from tumour.

The following case might easily have given trouble in diagnosis had not the patient's previous history been known. A man twenty-three years of age, under the care of Dr. Ramskill, had convulsive attacks; he suffered intense pain in his head, and there was double optic neuritis. It was almost certain from these symptoms that there was intracranial tumour. He was doing very well, being about the ward. He had a good appetite, and was able to read, when one night he was seized with a convulsion, became very deeply comatose, and died in two or three hours. Dr. Sutton found at the autopsy a gliomatous tumour of the fore part of the left anterior cerebral lobe, with recent effusion of blood to the extent of several ounces.

Had this man been brought to the hospital under like circumstances to those of the patient whose case is next related, the diagnosis would have been impossible, unless, perhaps, the ophthalmoscope had been used. If we find optic neuritis in a young, healthily-built patient, who has become comatose after a convulsion, we should, Dr. Hughlings Jackson thinks, be warranted in diagnosing tumour, but we could not say there was hæmorrhage from that tumour. It is well known that patients, the subjects of organic disease of many kinds, probably of any kind affecting one cerebral hemisphere, are liable to coma after attacks of simpler convulsions—i.e., convulsive attacks without any effusion of blood.

But if the patient with optic neuritis were *very deeply* comatose, especially if he were so after but one sudden convulsion; if the fit was not known to have begun by a deliberate "aura" in the face, arm, or leg, and especially if the patient had had fits so beginning before; if there were no discoverable hemiplegia, we should fear hæmorrhage from a tumour, and we should believe the patient would die. But we have not always such helps. The diagnosis is not always ready made. In the following case the patient was not young, there was no known convulsion, and there were no changes in the optic discs, and the history Mr. Leach supplied was not obtained until after the autopsy. It is needless to say that the diagnosis of hæmorrhage from cerebral tumour was in this case impossible. It has no less value on that account.

A man fifty-six years of age was discharged on July 1st from the *Dreadnought* for a simple infraction of the rules. The only symptom the man then had was pain in the head. He was brought, on July 10th, in a comatose state, to the London Hospital. He died there that night at 1.30 P.M. All the police knew was that the poor fellow had been picked up in the street the day before, and taken to his lodgings, when he was supposed to be tipsy. As he did not get up next morning, he was looked after at midday. At the autopsy a vascular tumour was found in the posterior lobe of the left hemisphere, close upon the middle cornu, and in the descending cornu. In the lateral ventricle was an effusion of blood to the extent of several ounces, which had presumably come from the tumour, as no part of the brain was broken up except the wall of the middle cornu near the tumour.

GEELONG HOSPITAL.

A CASE OF TOTAL EXTIRPATION OF THE TONGUE.

(Under the care of Mr. REID.)

THE operation, of which the following is an example, has been performed many times in Victoria; first of all, we believe, by Dr. Macgillveray, surgeon to the Bendigo Hospital. Mr. Reid has performed the operation several times. He knows that three of his patients, although they died about a year afterwards, enjoyed during their life an amount of ease, compared with their former sufferings, which induces him to consider the operation a justifiable one. Each patient expressed himself in writing, within thirty-six hours after the operation, as greatly relieved. All the patients returned to work. Three died of recurrent cancer in the glands of the neck, and of general marasmus. Mr. Reid remarks that when the lower jaw is divided, the halves separated, and the tongue pulled forwards, it is surprising how easy the operation becomes. No ligatures are ever required. He insists upon the advantage of not bringing the parts together until all inflammatory action has ceased and healthy granulation has commenced. All the patients could swallow readily within twenty-four hours after the operation. Chloroform was always employed, and with success.

James H——; labourer; native of Norfolk, England; a medium-sized man; dark complexion, grey eyes, and dark-brown hair. Admitted into the Geelong Hospital June 6th, 1867. States that three months ago he first felt a soreness and swelling in the tongue. About four weeks after the first symptoms, on exposing his tongue to the looking-glass, he observed a small ulcer on the left side of the tongue, about an inch and a half from the tip. At this time he was under Dr. Johnson, of Horsham, who applied lotions; but the ulcer still increased, and attained the size of an almond. Finding the disease rapidly spreading, he was advised to come to the Geelong Hospital. Having left England when very young, can recollect very little of family history, but thinks they were healthy people.

Present state.—Muscular system rather weak; dingy appearance of countenance. Flat chest. No cough. Apex beat, fifth space, one inch inside nipple line. Percussion note under left clavicle appears rather dull; nothing else remarkable. There is considerable induration on the left side of the tongue; it commences three-quarters of an inch from the tip, and extends backwards an inch and a half. The induration extends as far as the middle line; its surface is ulcerated near the side, the ulcerated surface being half an inch by an inch and a quarter; the surface is granular and dirty. There are no glandular enlargements. Ordered, chlorate of potash mixture, one ounce, every four hours; spoon diet, a pint of ale, milk, and arrowroot.

Operation.—On June 19th Mr. Reid commenced operating by making an incision through the lower lip in the middle line quite down to the bone and as far as the symphysis, by one stroke of the scalpel; and then the incision was carried downwards and backwards for two inches behind the symphysis. Accurately in the middle line, the lower jaw was then carefully sawn through by a Hey's saw. The two halves of the lower jaw were then easily separated, a few touches of the knife readily allowing the genio-hyoid and genio-hyo-glossi muscles of opposite sides to be separated. The entire tongue was then easily and completely surrounded by the chain of an écraseur, which passed just in front of the epiglottis, and in a few minutes all was removed. The patient had been put completely under the influence of chloroform, but he partially recovered before the operation was finished. There was little or no hæmorrhage. In this case the bone was very hard compared with that in other cases. Mr. Reid always cuts the bone through, and never now uses bone forceps, as he finds that the bone unites more readily if cleanly cut through. After operation the parts are left just as they are, being occasionally syringed with water. Before operation the tongue is always secured by a piece of whipcord passed through it.

After the operation he went on very satisfactorily, and on July 4th it is noted that he talks quite distinctly. Lower end of incision almost completely healed. Bone in good position. Bandage taken off and reapplied this morning.

July 15th.—The bone is beginning to knit; feels firm to the patient. The interior of the mouth is beautifully healed; nothing remains now except a small fistulous opening under the chin.

25th.—Opening under chin healed up. Bone quite solid.

30th.—Discharged at his own request.

The patient returned on the 13th February, 1868. The mouth was quite healthy and the bone sound, but there was a great swelling in the neck connected with the cervical gland. He again left on the 9th March, and went home, and died about six months afterwards.

EASTBOURNE COLLEGE.—There will be an examination for two open scholarships of £20 each in January next—one restricted to boys under fourteen years of age, the other without any restriction.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 18TH, 1869.

MR. PETER MARSHALL, PRESIDENT.

On taking the chair, the President congratulated the members on their reassembling together, and on the prospect of a successful session's work. He referred to the projected amalgamation of the various societies, and to a law of their own constitution, by which they must stand or fall by themselves as an independent Society; and concluded by an expression of belief that they would always maintain, as of old, an enviable position amongst the promoters of science.

Mr. HANCOCK exhibited a man with extensive disease of the neck, which appeared to be syphilis simulating epithelioma. It is difficult to describe the case, and those who are anxious to see it will find it at Charing-cross Hospital. The history gave nothing but an attack of syphilis eighteen years since. Three years ago, whilst working as a platelayer on a railway, the man caught cold, and observed a hard lump in his neck, over the mastoid process, which increased in size whenever the man caught cold again. Eighteen months since, the lump got much larger, the left eye was closed, the mouth pushed over, and an excavated ulcer, three-quarters of an inch deep, commenced to spread over the mass. The cheek was nodulated, sallow, and œdematous. The edges were red and over-hanging, whilst the ulcerated surface was covered by a smooth, grey, fetid exudation. The man had nocturnal pain. Bichloride of mercury made his mouth sore, and left him weak, and the wound uninfluenced. Iodide of potassium, given for three weeks in five-grain doses, did harm. Subsequently the sore began to heal, and the swelling to subside under the use of bromine. Various opinions were expressed as to its nature, the majority of the speakers thinking it cancer. It had rather the appearance of having originated in a hyperplasia of the lymphatic gland tissue of the neck. The case is worth examining.

The PRESIDENT detailed the particulars of the case of death during the inhalation of bichloride of methylene, which had happened in his hand, and to which special reference is made elsewhere.

Dr. ANDREW CLARK then read a well-written paper "On the Influence of Pleurisy in the Production of Phthisis." He described it as a mere statement of results of inquiries into the relation of the two diseases. By phthisis he meant any disease in which there was ulceration or suppurative destruction, more or less circumscribed, of portions of the lung: hence there was "pneumonic," "tuberculous," "fibroid" phthisis, &c. By pleurisy he meant cases in which a large amount of lymph was exuded, rather than serosity, and in which, after the acute stage is passed, there was just enough local inflammation left behind to prevent repair. If asked what relation there was between the two diseases, the general answer would be, None; and he referred to the opinions of Baillie and Laennec, who denied the connexion, and of Louis, in which the most complete denial was to be found. Louis said that dry pleurisies were caused by tubercle; but he disbelieved the converse, when he must have seen cases in which there was dry pleurisy of the base of the lung, without tubercle. Baglivi contended for the opposite view, and he and others belonged to what may be termed the "inflammatory" party, which conceded all to inflammation. This party was defeated by what may be termed the "constitutionalists," whose doctrines, as typified by Louis's opinions, were generally accepted, and have been handed down to recent times. In 1848, however, Addison made his assault on them, and showed that tubercular lungs might be the ultimate result of pneumonia,—a state of things which he designated as pneumonic phthisis. Addison, indeed, laid the foundation-stone of that reform in the nomenclature of lung disease which, if not accomplished, is at least near at hand. The author had traced out this connexion, and in 1858 he began to keep an eye upon all his cases of pleurisy, having them under constant observation for years after the attack, and the proportion issuing in basic lung disease of a phthisical character is large enough to take them out of the category of coincidences. There were two modes of evolution of phthisis in these cases: By a uniform invasion and hardening of the lung by fibroid tissue. This was not necessarily followed by the breaking up of the lung; it was the cirrhosis and interstitial pneumonia of authors. The other was an irregular distribution of fibroid matter, which alters the local circulation, so as to induce tubercular deposit. [Drawings were handed round the room as illustrations of these facts, and Dr. Clark produced a young woman who had fibroid phthisis consequent on pleurisy.] The conditions most likely to be followed by phthisis were those in which a large amount of lymph was effused, and where local irritation persisted after the acute attack subsided. When the fibroid deposits begin to soften, tubercle appears. The signs were generally those of condensation, with retraction; the symptoms, ineffectual cough ending in vomiting, difficult expectoration, with greyish sputa, presently fetid; the treatment, local blistering, iodine inhalations, and iodide of potassium and alkalies internally. The moral of the history of these cases is mainly this: When a patient comes under observation with pleurisy, to vigorously treat him till all appearance of local disease has gone, and not to lose sight of him till then.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCT. 6TH, 1869.

DR. GRAILY HEWITT, PRESIDENT, IN THE CHAIR.

(*Concluded from p. 544.*)

Mr. WARN exhibited an Ovarian Cyst which had been removed from a patient in whom pregnancy had coexisted with the ovarian disease. The delivery of the patient was accomplished by version, but death subsequently took place by rupture of the cyst.

Dr. MURRAY, who had seen the case with Mr. Warn, gave some further particulars of the condition of the patient, and of the treatment adopted.

Dr. ROUTH advocated, in these cases of pregnancy complicated with ovarian disease, the early induction of premature labour, founding his opinion, among other circumstances, upon the rarity with which the children, even if born alive, lived.

Dr. HICKS thought, that before we accepted the rule of Dr. Routh as our guide in these cases, it would be desirable to ascertain the percentage of cases in which serious trouble arose. As far as his own experience went, he had never seen any serious trouble occur. He could at once recollect six pregnancies which had done well, with healthy children. In one of these cases he had tapped at the seventh month, the patient going on to full term, the baby being born healthy.

Dr. TYLER SMITH referred to three cases which had come under his notice, and recommended tapping if the cyst became so large as to produce great inconvenience or distress.

Dr. BARNES had seen many cases of ovarian disease complicated with pregnancy. Although, for reasons which he would state, he thought it was generally right to bring on premature labour, he admitted that there might be occasions in which tapping the cyst or doing nothing would be the better course. It might be stated as a general truth that nature could not tolerate the double burden of a growing uterus and a growing ovarian tumour. The rapidly increasing pressure must at some time cause such distress that relief must in some way be obtained. In most of the cases he had seen relief was found in the advent of spontaneous premature labour. He thought we should accept this indication as a guide in practice. Whilst pregnancy went on there was no security against some formidable catastrophe. We could not tell what the condition of the tumour might be, or what accidents might at any time arise. In one case he had seen death follow from rupture of the cyst. It had burst under the increasing pressure when the pregnancy had reached the seventh month. In another case the patient, when approaching seven months' gestation, became greatly distressed. He proposed inducing labour, but was overruled. The patient at last had severe peritonitis, and died. It was found that the tumour had

been rolled over on its axis by the uterus rising below it; the vessels of the tumour were strangled, and blood had burst into the abdomen. He saw another and similar case last year. Rokitansky had related similar cases. To obviate these accidents, which might occur at any time, he believed it was best to reduce the case at once to its simplest expression by eliminating the pregnancy, which could always be done safely and easily, leaving the ovarian tumour to be dealt with according to uncomplicated indications.

Dr. GERVIS suggested whether in these cases, when it was certain that rupture of the cyst had occurred, it would not give the patient, at all events, some slight chance in her favour if gastrotomy were performed, the ruptured cyst removed, the pedicle secured, and the peritoneal cavity cleansed.

Dr. WILTSHIRE remarked that no mention had as yet been made of the operation of ovariotomy in these cases. It appeared to him that, besides the induction of premature labour, at least two other courses were open: either to perform ovariotomy in the earlier months of pregnancy (as had recently been done by Mr. Wells with perfect success), or, if unhappily the patient were at full term and the tumour large, ovariotomy, and even Cæsarean section, might in very serious cases be resorted to. In the few cases where it is possible to diagnose a unilocular tumour, tapping might advantageously be performed. Dr. Wiltshire then referred to the dangers likely to follow delivery, owing to the tumour, no longer supported by the gravid uterus, falling about in the abdominal cavity, and thus giving rise to rupture and peritonitis; and he mentioned a case, which was seen by the President with him, in which this accident occurred.

Dr. ROGERS thought that no uniform rule of practice could be laid down, for even rupture of the cyst during pregnancy was not necessarily fatal. He had been consulted in five cases of pregnancy complicated with ovarian disease. One was tapped before delivery, and the mother and child lived; another went to full period without operation, and the mother and child did well. In two, premature labour was brought on; the mothers did well, but the children died. In the fifth, which was a case of triplets, labour was induced at the fifth month; the children, of course, were not viable; the mother is living, having been tapped twice. He wished to add that too high praise could not be given to Mr. Wells for his resolution in operating in the case of ruptured cyst, referred to by Dr. Wiltshire.

Dr. HICKS suggested that a committee might be formed to collect evidence on the whole subject.

Dr. HALL DAVIS gave particulars of a case of ovarian tumour complicating pregnancy, which had recently been under his care. The tumour was not a large one, nor did it increase during gestation, and there was consequently no indication for interference with it. The labour was tedious, and had to be completed with the long forceps. The child was born alive. The patient did well, and as she was able to suckle the child, the tumour during lactation would probably not enlarge. It occupied the left iliac region after delivery, in the same position as before her pregnancy, although during pregnancy it had been displaced to above the umbilicus.

The PRESIDENT said that, with reference to the general question of the proper treatment of cases of this kind, he inferred from what had been said that the feeling of the Society would be in favour of inducing premature labour whenever the size of the ovarian tumour was such as to make it likely that the labour would be interfered with to a serious degree by its presence at term. The cases related by the various speakers were of the greatest practical value.

Mr. J. T. MITCHELL read a paper on a case of Ruptured Uterus. The subject of this account was a patient aged forty-seven, suffering from progressive mollities ossium. Mr. Mitchell had arranged to induce premature labour on the 26th of May last, which would have been at about the seven and a half month of her pregnancy; but on the 19th of the month she was greatly alarmed by the occurrence of a violent thunderstorm, and instantly felt a sudden agonising pain in the pelvic region, and towards the left groin, followed by syncope. Peritonitis speedily set in, and within thirty-six hours labour pains came on. When the os was sufficiently dilated, Mr. Mitchell introduced his hand into the uterus, and discovered a rent in it about three inches above the os. Delivery by version was effected without difficulty. After her delivery she suffered but little abdominal pain, but vomiting continued incessantly up to the time of her death, which took place in eight days and twelve hours from the time when the rupture occurred. No post-mortem was obtainable; but Mr. Mitchell believed that, had there been one, a degenerated condition of the organ itself would have been found to have been the predisposing cause of the accident.

After some remarks by Dr. Gervis, Dr. H. C. Andrews, Mr. Collingwood, and Dr. Wiltshire,

Dr. HALL DAVIS stated that in his experience of cases happening independently of external violence, in the great majority the labours were of short duration, in women who had had several children, and in whom degeneration of the muscular fibres of the uterus had taken place before the organ had fulfilled its function. But he recollected one case where a woman, in good health apparently, who had not been worn by repeated pregnancies, but whose pelvis was deformed by rickets, had sustained a rupture of the uterus during the action of the ergot of rye, exhibited by an ignorant midwife. In this case examination of the muscular fibre adjoining the laceration discovered no degeneration of fibre.

Dr. MARTYN read a short paper on a case of Triplets.

AMALGAMATION OF THE SOCIETIES.

A SPECIAL general meeting of the Pathological Society was held at 53, Berners-street, on Friday, the 15th inst., to take into consideration a letter addressed to the President by the Royal Medical and Chirurgical Society, and containing a request that the following resolutions adopted by the latter Society should be submitted to the members of the Pathological Society for their consideration:—

"1. That steps be taken to secure the union of various Societies, now existing in London, for the cultivation of special branches of medicine and of the allied sciences.

"2. That the resolutions adopted provisionally by the Royal Medical and Chirurgical Society be submitted to each of the other Societies as a basis of a scheme for effecting such union; and that each Society, in the event of its approving of the proposed amalgamation, be requested to nominate three members, to form a general Committee, which shall prepare a complete scheme to be submitted to each Society for its approval."

Copies of the resolutions adopted by the Royal Medical and Chirurgical Society as the basis of a scheme for effecting the projected amalgamation were distributed. These resolutions have been given, in more or less detail, in our columns on several occasions.

The PRESIDENT, on taking the chair, briefly referred to the object of the special meeting, and explained that the members would have been summoned at an earlier period to consider the amalgamation project, but that it had been only submitted to the Council after the meetings of last session were over, and it saved no little expense to postpone the matter till the present time. The delay was not attended with any ill results. He expressed himself as glad that the details of a definite scheme for the union of the Societies had been sent with the present invitation to amalgamate, for on a former occasion such an attempt at union failed in great measure from neglect in this respect. There was one point which would require special consideration. Unless one of the resolutions of the Medico-Chirurgical Society were much altered, the Pathological Society could not accept the proposal made to them. For the last four years the cost of the Transactions of the Society had nearly equalled the annual subscriptions. Resolution 21 in the scheme before them stated that the council of each section should publish "annually, or at such periods as shall hereafter be arranged, the Transactions of their own section, provided the expenditure of each section for Transactions and other special purposes do not exceed one-half of the income derived from the annual subscriptions of its members, or some such proportion as may hereafter be agreed upon." The Pathological Society, he was sure, would not suffer any curtailment at all as regarded their publications. But they were not to be stopped in the attempt to amalgamate by difficulties, as there was a general wish to succeed in such an attempt. The delegates elected might go with

full powers to take any course which seemed best to serve the interests of the Society, or the Society might think it proper to define the powers which should be given the delegates. At least, whatever was done, he hoped that they would take care that their Society, which had done so much for pathological science, would not be allowed to suffer in any change that might take place. The Council of the Society, however, had thought it best to consider the subject, and had drawn up a report, which the Secretary would read, and then resolutions would be taken upon it.

The Secretary then read the Report, which stated that the Council was of opinion that some union was desirable; and that in coming to this conclusion the Council had in view the general interests of the profession rather than the special interests of the Pathological Society. At the same time the Council thought that the scheme submitted could not be accepted unless sufficient guarantee were given for the publication of the Transactions of the Society in such completeness as at present. The Council finally recommended that three delegates be appointed to confer with the representatives of other Societies on the subject of the amalgamation.

Dr. MURCHISON moved the adoption of the Report of the Council, and urged the necessity of keeping the Transactions intact. The difficulties before the projectors of the scheme under consideration were chiefly financial, and as regards the Pathological Society the difficulties related to the Transactions; and he did not think that any member of the Society would like to see the latter in any way altered for the worse.

Dr. ROBINSON seconded the motion.

Mr. GAY moved an amendment to the effect that the Society decline the amalgamation proposed by the Medico-Chirurgical Society. He did not, in looking over the document before them, which contained the scheme of the Medico-Chirurgical Society, find any reason assigned why the step suggested should be taken. It was merely stated that it was desirable to amalgamate, and no explanation was given. He did not think that the efficiency of the Pathological Society would be promoted in any way, but rather the reverse.

Mr. JAMES HOGG thought that Mr. Gay's amendment was scarcely a fitting follower of the motion that the Council's report be adopted.

The PRESIDENT observed that they might "receive" the Council's report first, and then Mr. Gay's amendment might follow.

Dr. MURCHISON, however, as Mr. Gay's amendment was not seconded, preferred that the word "adopted" should stand in his motion; and that was then carried *nem. con.*

Mr. SIBLEY proposed, in accordance with the request of the Medico-Chirurgical Society, that three delegates should be appointed.

Mr. BIRKETT, in seconding the proposition, said there seemed to be a very general feeling that there ought to be an amalgamation of the various Societies, but he could not understand why it should take place. He did not see why, in a large city like London, separate Societies could not and ought not to exist. If by amalgamation time could be saved, well and good; but this would not be the case. He did not hesitate to second the proposition before the meeting, because all his friends seemed to be in favour of union, and he felt he could therefore scarcely be in the right.

The motion was carried *nem. con.*

Mr. FORBES then moved "That the President, the Treasurer, and the Surgical Secretary, constitute the delegates from the Pathological Society," which, being seconded by Mr. Brooke, was carried.

Mr. HULKE thought the matter under discussion of great importance, and one which required careful consideration. He was doubtful of the good results of amalgamation. The time had almost gone by for it. Had the Royal Medical and Chirurgical Society fostered pathological research as it ought to have done the Pathological Society would never have existed. When Mr. Arnott and others attempted to cultivate pathological investigation specially the Medical and Chirurgical Society threw cold water upon the matter, and in later times the old Society had scarcely treated them with kindness. However, it would be charitable to forget these things perhaps. He thought they should take the question of union into consideration, and that the delegates appointed should be given precise instructions. He moved a resolution to that effect.

Mr. HOGG thought that the Council's report was a sufficient guide for the delegates, the main thing being that the Transactions should not be impaired.

Dr. MURCHISON agreed with Mr. Hogg. It would be difficult to lay down suggestions for guidance under special circumstances that might arise. Delegates would have the opportunity of conferring with the Council from time to time, and the Society itself would finally approve or disapprove any steps that might be taken.

Mr. WEBDEN COOKE understood that the delegates were to consider, but not to act for the Society.

The PRESIDENT observed that nothing could be regarded as final until the Society as a whole had given it its sanction.

Mr. Hulke's motion fell to the ground, and the meeting separated.

Reviews and Notices of Books.

Traité de l'Alimentation dans ses Rapports avec la Physiologie, la Pathologie, et la Thérapeutique. Par le Dr. JULES CYR. Paris: J. B. Baillière et Fils. pp. 574. 1869.

THE title of this work indicates its division into three books, treating respectively of the nature and qualities of the various kinds of food consumed by man; of the diseases to which they may give rise when consumed in excess, or obtained in insufficient quantity or of unhealthy quality; and, lastly, of the mode in which dieteties can be made subservient to the treatment of disease. There is an introductory portion, which gives very briefly, but quite clearly and correctly, the changes the food undergoes in its passage through the alimentary canal. In speaking of the quantity of food consumed per head of the whole population per annum, there is an interesting table taken from one by M. Block, from which it appears that the two Mecklenburgs and England are at the head of the list, every individual consuming about 60 lbs. of butcher's meat. In France, Austria, and Sweden the amount is about 44 lbs.; Spain, 27 lbs.; and Tuscany, only 18 lbs. The inhabitants of large towns obtain a very much greater proportion than those of the country; Parisians, for instance, consuming 162 lbs. per head per annum, whilst French peasants only obtain about 10 or 12 lbs. M. Cyr complains that, notwithstanding its nutritious quality, and the high authorities which concur in recommending its use, chevaline makes but small way, even in France. He acknowledges that the proper and natural mode of eating flesh is in the form of a steak grilled over a lively fire. He observes in regard to oysters, that the reason so large a number can be consumed by some gourmands, at one sitting, without injurious effects, is that they carry the material for their own digestion in the fluid contained in the shell, in which the percentage of common salt rises to no less than three parts, together with by no means an inconsiderable quantity of both azotised and non-azotised substances. Five dozen oysters are equivalent to a pound of meat. The succeeding sections are devoted to the cereals, legumes, and fruits, and require no comment; in each instance their chemical composition is given, and an attempt made to estimate their nutritive value. Then follow milk, eggs, and chocolate, the fats and sugars, salts and condiments. In regard to mushrooms, it appears that three species are allowed to be sold in Paris: the Agaricus edulis, the A. cantharillus, and the Boletus edulis. A good chapter is devoted to the different modes of preserving food. In the section on alcohol we were surprised to find the statements of Lallemand, Duroy, and Perrin gravely repeated, as we thought it was now universally admitted that alcohol is not eliminated in any quantity from the system, even when taken in very considerable doses. M. Cyr, following M. Bouchardat, divides wines into dry spirituous,

saccharine spirituous, astringent, acid, sparkling, and mixed. We suspect that a good deal of the wine that comes to this country belongs to the last category, although, from his quotation from "Henry IV.," it would appear that M. Cyr is of opinion that the first represents the class of wine to which Falstaff was especially inclined. He refers to absinthe, and observes that its noxious effects are, in his opinion, due rather to the alcohol than to any other ingredient. The remaining chapters of the first part are devoted to the subject of diet, embracing the consideration of the food appropriate to different ages, climates, and occupations, references being everywhere given to recent investigations, as to those of Donders, Haughton, Hirn, and others. The effects of diet as a source of disease, when insufficient, unwholesome, or excessive, are then given, and this constitutes one of the best parts of the work. The influence of insufficient diet on the sexual organs, and in the production of depopulation, diarrhœa, rachitis, and beriberi, and the injurious results of consuming unwholesome meat, fish, and cereals, including an account of such affections as pellagra, acrodynia, and ergotism, are remarkably clearly and intelligibly given. He finally speaks of diet as a curative means. We observe that he speaks highly of the raw meat and alcohol plan of treatment for consumption, suggested on physiological grounds by M. Fuster. It is stated that, however great the repugnance of the patient may be at first, he soon gets to tolerate it. The stomach bears it remarkably well, and under its influence the febrile state diminishes, the cough, expectoration, and profuse sweats become ameliorated, and the patient feels in all respects improved. The raw meat should be finely cut up, a little salt may be added, and about three teaspoonfuls taken at a time; about a dessertspoonful of quinine wine, to which a little brandy has been added, is to be taken immediately afterwards. As a drink he recommends cold beef-tea. At first the invalid will not usually take more than two or three ounces of raw meat per diem; but as he becomes stronger he will take as much as a pound and a half. We have great pleasure in recommending M. Cyr's book as containing a large amount of information on an interesting subject, very agreeably arranged.

OUR LIBRARY TABLE.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., F.R.C.S., Lecturer on Anatomy at St. George's Hospital Medical School. The Drawings by H. V. CARTER, M.D., late Demonstrator of Anatomy at St. George's Hospital; with additional Drawings by Dr. WESTMACOTT. The Dissections jointly by the Author and Dr. CARTER. Fifth Edition; with an Introduction on General Anatomy and Development, by T. HOLMES, M.A. Cantab., Surgeon to St. George's Hospital, Mem. Corresp. de la Société de Chir. de Paris. London: Longmans and Co. 1869.—This is a well-known book. It has gone through five editions in eleven years, and this fact is of itself sufficient to prove that it is very popular, and in our opinion deservedly so. In this edition, as the indefatigable editor tells us, the plan of the work has been so far altered that the portion on General Anatomy, instead of being scattered throughout the book, has been collected into an introductory chapter, and rewritten, so as to furnish the student with a very succinct, yet, at the same time, a sufficient introduction to the study of microscopic anatomy. There is an addition also in the shape of a description of the chief processes of development of the ovum, and of the structures characteristic of fœtal life. Gray's Surgical and Descriptive Anatomy forms one of the very best and most complete books on the subject in the language.

The Scenery of England and Wales; its Character and Origin. By D. MACINTOSH, F.G.S. London: Longmans and Co. 1869.—Members of the medical profession usually make an effort to secure their annual holiday, and many of their number take that opportunity of increasing their acquaintance with natural history, geology, or some kindred science. Some of them are accomplished observers, and others only deserve, or wish, to be considered amateur dabblers in these sciences. We think that both classes will be benefited and interested by a perusal of this work. The author has attempted to trace the nature of the geological causes, especially denudation, by which the physical features of the country have been produced. The book suffers from the defective arrangement of its matter; it reads as if it were made up of papers published by the author at different times, and now brought together under a common title. As ours is a medical journal, we can scarcely be expected to do more than record our opinion of the volume, otherwise there are a few points about which we might venture on a little literary tilting with Mr. Macintosh. The illustrations are good, and to a considerable extent original. A man on a walking tour through Wales, for example, would be repaid by putting this volume in his knapsack.

International Congress of Prehistoric Archæology. Transactions of the Third Session in 1868, containing the Papers read at the Congress, with illustrations, and an Abstract of the Discussions. London: Longmans and Co. 1869.—We had the pleasure of being present at the Norwich Meeting of the British Association, and of hearing some of the papers which were then read at the Congress; and we are not sorry to renew our acquaintance with their authors. Their appearance in the present volume, accompanied by well executed engravings, will enable a large number of readers to examine the evidence adduced regarding questions that possess more than common interest at the present time. Some of the papers are very well done. The President's Address is good; so is Professor Huxley's paper "On the Distribution of Mankind in its bearing on the Antiquity of Man," and that by Mr. Busk "On the Gibraltar Caves," as well as another by Professor Rolleston.

Practical Anatomy. A Manual of Dissections. By CHRISTOPHER HEATH, F.R.C.S., Assistant-Surgeon to University College Hospital, and Teacher of Operative Surgery in University College, London. 2nd Edition. London: Churchill. — Mr. Heath, in addition to the practical knowledge he possesses of the obstacles which stand in a teacher's way, seems to us to have formed a just conception of what it is that students want. This little volume is really what it pretends to be—a handy volume on practical anatomy, which is sure to prove very serviceable to students. The descriptions are as concise as possible in order to be clear; the illustrations are very numerous and good, several of them being quite original, and prepared from dissections made under the author's superintendence. The volume forms the second edition of his manual; and we have no doubt as to what will be the verdict of teachers and students of anatomy alike in regard to it.

The Climate of the South of France as suited to Invalids, with Notices of Mediterranean and other Winter Stations. By CHARLES THEODORE WILLIAMS, M.A., M.D. Oxon., Assistant-Physician to the Hospital for Consumption and Diseases of the Chest at Brompton. Second Edition. London: Longmans. 1869.—Invalids who winter abroad in these parts will find that this little book contains much useful information, and it is written in an easy, agreeable style.

The Pathology and Treatment of Stricture of the Urethra and Urinary Fistulæ. By Sir HENRY THOMPSON, F.R.C.S., Surgeon-Extraordinary to H.M. the King of the Belgians, Professor of Clinical Surgery and Surgeon to University

College Hospital. Third Edition. London: John Churchill and Sons.—There is no occasion for us to do more than notice the third edition of a work so well known as this. The principal changes in the present edition are, we think, in the right direction—viz., a reduction in bulk by the removal of all detailed arguments regarding what were controversial points, but which may now be regarded as settled, and by the omission of the illustrative cases. This condensation has improved what has always been regarded as a standard work on the subject.

A Report on Excisions of the Head of the Femur for Gunshot Injury. Circular No. II. War Department, Surgeon-General's Office. pp. 141. Washington. 1869.—This, one of the excellent surgical reports for which we are indebted to the Medical Department of the American Army, consists of an elaborate report by George A. Otis, Assistant-surgeon, and Brevet Lieutenant-colonel, U.S. Army, upon the excisions of the head of the femur for gunshot injury during the late war. The author divides the cases into three divisions, primary, intermediate, and secondary, and gives brief details of each, as far as they can be ascertained, with illustrations, both of the parts removed and of the patient subsequently, in the successful examples. A short historical review of the operation precedes the main work, in which ample credit is given to the two Whites, Charles and Anthony, for respectively suggesting and first performing the operation of removal of the head of the femur. We may notice, by the way, a fact not generally known—viz., that the limb of Mr. Anthony White's patient, who survived five years, is preserved in the Museum of the College of Surgeons of England. The results of the operation when undertaken for gunshot injury are, of course, not to be compared with those of the same proceeding after disease, and are thus summarised by the author. Prior to 1861, there were on record 12 cases of excision of the head of the femur for gunshot injuries: of these 7 were primary, 3 intermediate, and 2 secondary. During the American war there were 63 operations,—32 primary, 22 intermediate, and 9 secondary, to which are added 10 later cases, 8 intermediate, and 2 secondary. Of the whole 85 cases there were, therefore, 39 primary, of which 36 died, or 92·3 per cent.; 33 intermediate, of which 30 died, or 90·9 per cent.; and 13 secondary, of which 11 died, or 84·6 per cent. The author devotes sections of his Report to the comparison of the operation with amputation and with temporisation respectively, and has succeeded in producing a work of the greatest interest to the practical and military surgeon.

The Lancet Investigation

INTO THE

ADMINISTRATION OF THE OUT-PATIENT DEPARTMENT OF THE LONDON HOSPITALS.

No. II.

ST. BARTHOLOMEW'S HOSPITAL.

THE out-patient department of St. Bartholomew's has grown enormously during the last few years. In the year 1859 the number of out-patients was 86,480; in 1865 they amounted to 132,789; since the latter period there has been some decline, and the number admitted last year was 128,110.

The patients are divided into two categories, which, however, are neither very defined nor very well observed. They are, the "Casualty," which comprises those who are supposed to require temporary treatment for diseases or injuries of a trifling character; and the "Out-patients," properly so called, who, after receiving a regular letter of admission, are entitled to the advice of the assistant surgeons and physicians for a period of two months.

It is in the Casualty division that the increase of numbers has been most marked, the totals being as follows during the last ten years:—

Years.	Medical.	Surgical.	Total.
1859 ...	36,714 ...	29,166 ...	65,880
1860 ...	36,584 ...	31,051 ...	67,635
1861 ...	45,078 ...	35,413 ...	80,491
1862 ...	54,448 ...	40,339 ...	94,787
1863 ...	65,185 ...	40,715 ...	105,900
1864 ...	65,084 ...	34,533 ...	99,617
1865 ...	79,273 ...	35,324 ...	114,597
1866 ...	80,141 ...	31,747 ...	111,888
1867 ...	79,107 ...	30,993 ...	110,100
1868 ...	75,861 ...	34,000 ...	109,861

The casualty patients are attended in a new building, situated in Smithfield, at the north-east corner of the hospital property. It consists of a large well-ventilated room, capable of seating about 600 persons. The males sit at one end, and the females at the other. On the north side are two small consulting rooms for medical cases, and on the south side are four others in which the surgical patients are examined and dressed. There is also a private room in which special examinations can be made. In the centre there is a rough dispensary in which six different mixtures are kept in large brown jugs; there are also some gargles, lotions, and pills, of a simple character; whilst in a cupboard, under lock and key, there is a supply of more active remedies, suitable for use in cases of poisoning and other emergencies. These are specially in charge of the superintendent, and accessible to the house-surgeons and house-physicians both night and day. The medicines in the jugs are dispensed by two female nurses, and the dose is often ordered to be taken on the spot. The more important prescriptions, which amount to between 250 and 300 per day, are dispensed from the apothecary's shop, which is situate at the opposite corner of the hospital quadrangle. This arrangement is very inconvenient for the patients, and appears to us objectionable as establishing a somewhat too obvious distinction as to the importance of the remedies supplied.

Until the last week, the doors of the waiting-room were opened at 9 A.M. and closed at 11; but they are now shut at 10 o'clock. Four porters act under the curator of the surgery in maintaining order. The room has been frequently overcrowded. There is no exact record of the total daily attendances, the new cases only being entered in the registers. Both on the medical and surgical side patients very frequently attend more than once; indeed, in a certain proportion of cases they continue their attendance during many weeks. The actual number of new cases during one week was as follows:—

	Medical Cases.				*Surgical Cases.*		
	Men.	Women.	Children.	Total.	Men.	Women.	Total.
Oct. 7 ...	94 ...	88 ...	60 ...	242	73 ...	49 ...	122
„ 8 ...	101 ...	100 ...	67 ...	268	79 ...	51 ...	130
„ 9 ...	114 ...	95 ...	49 ...	258	79 ...	21 ...	100
„ 10 ...	3 ...	2 ...	0 ...	5	24 ...	7 ...	31
„ 11 ...	122 ...	142 ...	84 ...	348	95 ...	43 ...	138
„ 12 ...	125 ...	164 ...	62 ...	351	83 ...	58 ...	141
„ 13 ...	92 ...	81 ...	37 ...	210	45 ...	23 ...	68
Total ...				1682	Total ...		730

It is estimated that not less than a thousand patients frequently attend on a Monday or Tuesday morning, of whom at least two-thirds are medical. The surgical casualty patients for many years past have been attended by the house-surgeons and the dressers of the in-patients, whilst

the medical were formerly seen by the apothecaries of the the hospital, who were paid officials. During the last few years medical casualties have been placed in charge of the house-physicians, in the same way and under the same regulations as the surgical are under the house-surgeons. As respects the accommodation provided, we would observe that whilst there are four surgical consulting rooms for the accommodation of 730 cases admitted in the week, there are only two consulting rooms for 1682 medical cases admitted in the same time. The medical consulting rooms are too small, they are very insufficiently ventilated, and in summer the heat and unpleasant atmosphere are much complained of. There is scarcely sufficient room for the physician and one patient, and yet several are admitted at the same time. There is no room whatever either for pupils or clinical clerks, even if the latter had time to attend. Should the physician of the former week desire to see any of the patients for whom he had prescribed, he is compelled to examine them in the public waiting-room; in fact, to a considerable extent, the work is done in public. Not only is the accommodation inadequate, but the staff is insufficient, and most improperly overworked. Two of the house-physicians attend, one to the males, and the other to the females and children, whilst the old cases are generally seen by the physicians of the week before. As the requirements of the department must be measured by the heaviest day's work, we may take Tuesday, October the 12th, as an example of what is done. On that day, one physician was required to see and prescribe for 125 men, and the other physician for 164 women and 62 children. There was also a considerable number of old cases. After some hours of steady work it was found necessary to hurry over the remainder in order that the house-physicians should attend the physicians in the wards. On the morning in question, 120 patients were seen and dismissed in an hour and ten minutes, or at the rate of 35 seconds each. Who shall say what mistakes were made? None can tell. This superb hospital opens its capacious doors freely and widely, and by the reputation of its staff attracts the poor, invites their confidence, and excites their hopes of cure. The patients are entitled at least to decent examination and reasonable care. But they are dismissed with a doubtful dose of physic, ordered almost at random, and poured out of a huge brown jug, as if the main object were to get rid of a set of troublesome customers, rather than to cure their ailments. The whole proceeding is unworthy of the place. It is impossible to believe that it is seriously sanctioned by the staff, or that it is incapable of remedy. The practice is condemnatory of the management, the more so as it has been going on for months, if not for years.

But it may be said that each of the house-physicians is entitled to the assistance of five clinical clerks, who ought to attend and assist. This is quite true; but the fact is, that these gentlemen have so much to do in-doors that they cannot possibly attend, and if they did, the house-physicians do not trust them. One was found to have ordered half a grain of opium to a child nine months old; in fact, badly as the house-physicians are compelled to do their work, they have not the conscience to leave any portion to their clerks. It has also been said that the house-physicians have unnecessarily increased their labours by neglecting to send a sufficient number of patients to the assistant-physicians. There appears to us no proof whatever that this has been the case. We shall find hereafter that the number of physicians' out-patients has remained stationary for many years, the fact being that it is impossible for the assistant-physicians to attend to more.

Nor will the recent changes remedy the evil. A physician and surgeon have been appointed to stand inside the doors of the waiting-room. They are to receive and examine the patients as they enter and distribute them amongst the various departments, according to their judgment. They are also authorised "to refuse treatment to any person who appears not to be a fit object of charity." We are informed that this new office of professional beadle was offered to the members of the assistant staff, and was respectfully declined. It is certainly an anomalous position for a member of the Royal College of Physicians and a fellow of the Royal College of Surgeons. These gentlemen may indeed be able to divide the patients properly, but we think it perfectly monstrous to ask them to become judges as to whether the applicants for aid are legitimate objects of charity or not. Rightly or wrongly, also, these appointments have given rise to considerable irritation and offence. The house-physicians consider themselves quite competent to perform the distribution of the patients, and they look upon the new appointments as an invasion of their rights. They state that they have no objection to the supervision and control of the permanent staff, with whom they are anxious to act in concord; and they say that there is no need of jealousy, because there is plenty of work for all. One thing is patent: it is that the house-physicians have no established relation with the assistant-physicians, whose juniors they are.

The surgical casualty consulting rooms are very suitable, and there is a sufficient attendance of dressers to enable the house-surgeons to complete the morning's work within a reasonable time. In this department the house-surgeon has hitherto reigned supreme. He has enjoyed the power of admitting patients to the hospital, of sending them to the assistant-surgeon for treatment, or of retaining them under his own care. Naturally desirous of gaining all the experience possible, the house-surgeons have been in the habit of keeping all the interesting cases under their own care, and of sending the chronic and incurable to the out-patient room. This practice appears to have increased during the last ten years; for whilst the number of out-patients has decreased from 8940 in 1859 to 6768 in 1869, the number of surgical casualty patients has increased from 29,166 in 1859 to 34,000 in 1869. The assistant-surgeons have not unnaturally complained, but, so far as we can learn, with the sole result of obtaining a flood of unimportant cases which might have been properly treated by the youngest tyro. It was, indeed, desirable that the house-surgeons should be subject to some regulation and control; but we doubt if they will tamely submit to anyone who is not a member of the staff, especially if any attempt be made to alter the distribution of the patients without their sanction.

The out-patient department, properly so-called, has remained nearly stationary during the last ten years, although the distribution of the cases has somewhat changed. The numbers are as follows:—

	Surgical.	Medical.	Uterine.	Total.
1859 ...	8940	10,924	736	20,600
1860 ...	8323	10,241	765	19,329
1861 ...	8563	9,622	823	19,008
1862 ...	9138	9,504	820	19,462
1863 ...	9813	9,507	868	20,188
1864 ...	8480	9,626	951	19,057
1865 ...	7922	9,401	869	18,192
1866 ...	7604	9,199	841	17,644
1867 ...	6681	9,577	937	17,195
1868 ...	6768	10,327	1154	18,249

These patients are admitted by a special letter obtained from a governor, the secretary, or the new supervising officer in the casualty waiting-room. Eighty such letters are given out daily, 40 to the surgical, and as many to the medical cases. Until lately these letters were given away by the house-surgeons and house-physicians. It will be observed

that the number of new cases averaged under the old system 22 per day for the assistant-surgeons, and 33 per day for the assistant-physicians, so that under the new arrangements all the officers will have more to do.

The accommodation for the out-patients is fairly good. It consists of two waiting-rooms and four consulting-rooms, situated at the south-west corner of the hospital quadrangle. In the basement of this building is a bath-room for the use of the out-patients, but it has the disadvantage of only being open very early in the morning, and of having two baths in the same apartment without any screen between them. As the bath is chiefly used in the treatment of skin disease, it is obviously improper to allow two patients to bathe in the same room at one time.

The physicians are sadly overworked. They attend at 11.30 A.M., and they work continuously till half-past four or five P.M. On the 9th of October there were 29 new cases and 139 old ones; total 168. On October 13th there were 28 new cases, and 147 old ones; total 175. The physician, therefore, saw on the average 35 cases per hour for five hours—an amount of work which cannot be satisfactory either to him or the patients. On the 8th of October the assistant-physician saw 171 patients, and on the 12th 170. But it may be objected that there is usually an assistant clerk, and three or four students, the clerk being permitted to "write"—a term probably more expressive than "prescribe," the latter being an accomplishment not generally well known. But the presence of these gentlemen is by no means regular. At the present time two, at least, of the physicians have no regular assistants, and at the time of our visit there were four students, one only being a fourth-year's man. The clinical clerks prefer the in-door work, and the attendance of students is entirely optional. In proportion to the number of students very few attend. Nor is this surprising, since it is evident that the physician has no time for teaching. So far from being a help, the presence of clerks and pupils is a hindrance. The physician is obliged to examine every case himself, in order to select the graver for his own treatment, and to avoid the probability of error; in fact, the work is more quickly done when he is alone.

It has been said that out-patient practice has the advantage of enabling physicians and pupils to acquire the art of rapid diagnosis. But unfortunately this art is the bane of medicine, since it is based on loose observation, careless deduction, and hasty generalisation. Nothing can be worse, either for physician or pupils, than the necessity of despatching patients at railroad speed.

The case of the assistant-surgeons is somewhat different. They have neither so many cases to attend, nor do they need so much time to make a reliable diagnosis. Surgery is more definite than medicine, and involves less trouble. There is generally a better attendance of clerks and dressers. The work of the assistant-surgeons is therefore sooner done, and it is rare that the sixty or seventy cases are not despatched within two hours. Nevertheless, we are of opinion that the position of the assistant-surgeons at St. Bartholomew's is, like that of the assistant-physicians, extremely unsatisfactory. They are, to a considerable degree, isolated from the rest of the staff. They depend upon the casualty department for their chief supply of patients; and unless they make a special reputation for themselves, they are compelled to confine their attention within very narrow limits, and to venereal complaints. It is only fair that the assistant-surgeons should have the first opportunity after their seniors of selecting cases which may prove instructive to the students. From their standing and experience, they are far more competent to make such cases useful for teaching purposes than the house-surgeons, who, it may be, have no experience at all. More importance should therefore be given to the post; in fact, the whole out-patient department should be under the direct supervision of the assistant staff.

The out-patient obstetrical department has grown considerably within the last ten years. It is under the direction of Dr. Greenhalgh and his midwifery assistant, who is fully qualified, and receives residence in the College for six months. 884 cases were attended last year. They are allotted to the students by the midwifery assistant, but no printed instructions are issued as to the duties. Patients who live further than one mile from the hospital are not admitted. No extras are given in the form of wine or beef-tea, but medicines may be obtained at the apothecary's shop.

It would be premature to criticise the special departments for the treatment of diseases of the ear, eye, and skin. They have only been recently instituted, and will require time and judicious support for their development.

The social position of the out-patients of St. Bartholomew's is for the most part that of the labouring and pauper classes, inmates of the workhouses being not unfrequently met with; and exhaustion from want of a regular supply of wholesome air and food is the chief characteristic of the diseases treated. Now and then patients present themselves who appear to be unfit objects of charity, but it is, we believe, impossible to make any satisfactory discrimination on the spot. The doors are indeed freely open; but the discomfort of waiting in close association with a set of dirty people is, or ought to be, sufficiently deterrent to those who can afford to pay. We observed, however, two classes of persons who ought to be refused admission, except under special circumstances—namely, policemen and postmen. Both have a medical staff paid to give them advice and medicine, and there is no just reason why they should enjoy charity which is primarily the privilege of the extremely poor. We have already suggested what we believe to be the only remedy for such abuses—namely, a better understanding and organisation between the various charitable institutions, visitors of the poor, and the inquiring offices under the Poor-law system.

We have thus exposed many very serious defects, and although space will not permit us in the present article to discuss them in detail with a view to remedy, we feel it our duty to observe that they all have their origin in a single fundamental cause. It is clear that there is defective management. We have neither space nor inclination to denounce the pluralities of the treasurer, nor to criticise the manner in which he exercises his enormous powers. Nor do we wish to cast unnecessary reflections on the staff. They accept, indeed, the full responsibility of all the medical arrangements, and for the failures they deserve the blame. But their opportunities are limited, their action slow and cumbrous. Personal interests and amenities sometimes interfere, and even those members who are manifestly overworked scarcely venture to complain, much less to propose a change.

Whilst manifest improvements have been introduced elsewhere, Bartholomew's comparatively stands still, and opportunities for teaching are not even yet developed as they should be. There must always be a treasurer endowed with considerable powers, and alterations of an important nature must of necessity be submitted to the staff. What is wanted is a responsible officer, whose whole time should be devoted to a general superintendence of professors, pupils, and patients,—nay, of the very staff itself. Such an officer would make himself acquainted with the working of the various departments, would hear the complaints of excessive or ill-arranged work, and make suggestions for improvement. Standing midway between the treasurer and staff, he would impartially inform them of the facts, in order to adjust the differences and remedy defects. None but a professional superintendent can do this, and the appointment of such an officer is the only remedy for existing evils. Under such superintendence the staff would be augmented in proportion to the work, and in accordance with the exigencies of modern views; the teaching power of the professors would be enormously increased, and the ancient reputation of the hospital sustained.

DR. ARTHUR GAMGEE, F.R.S.E., has been appointed to the Lectureship on Physiology in the Medical School, Surgeons' Hall, Edinburgh, rendered vacant by the election of Dr. Sanders to the Chair of Pathology.

A CONTRACTOR for the City streets and market sweepings has been summoned by the Lambeth health officer for allowing an accumulation of filth upon a wharf in Commercial-road, Lambeth. The magistrate said he had himself visited the wharf, and satisfied himself that the accumulation was a nuisance, and injurious to health. He therefore fined the defendant £5, and advised him to remove his business to more convenient premises.

THE LANCET.

LONDON: SATURDAY, OCTOBER 23, 1869.

THE obstructives of the College of Surgeons have made another attempt to recover their ascendancy; and they have failed. It was a fight upon stumps after the legs were shot away. Our readers will remember that at the special meeting of the 7th of October the Council determined, amongst other things, in favour of leaving examinations in general education to the national educational bodies. The Council also resolved—

"That it is the opinion of this Council that there should be instituted a single examining board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined; and that a diploma from either of such examining boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominions."

The obstructives saw their last chance of resistance at the meeting of the Council on the 14th inst., when the above resolutions had to be confirmed, and they could not resist the temptation to fight the lost battle over again. So they moved two amendments objecting to the confirmation of the Minutes affirming the mind of the Council on these two subjects. The amendment to the Minute referring general education to the educational bodies was lost by five, seven voting for it, and twelve against it. The amendment to the resolution affirming the desirableness of a joint examining board that should give a complete diploma in Medicine, Surgery, and Midwifery, in each division of the kingdom, was lost by a creditable majority of nine.

After this there can be no serious delay in the establishment of a joint Board for each division of the kingdom. The Medical Council has averred its approval of such a Board. Arrangements for a joint examination are already in operation in Scotland. They are in contemplation in Ireland. A very good complete diploma is being granted by the College of Physicians in London. And last—and most significant of all,—the Council of the College of Surgeons, by a decisive majority of nine, has declared in favour of a joint Board.

We may hope, then, very shortly to hear no more of the painful cases of men with incomplete diplomas, licensed to treat surgical cases but not medical ones, and *vice versâ*. Not only will imperfect diplomas shortly, we trust, cease to be granted, but it is to be hoped that arrangements will be made for completing the qualification of the thousands of members in the profession who, owing to the absurdity of the present arrangements, find themselves imperfectly qualified. The apothecaries of the country and members of the College of Surgeons who, respectively, hold no other qualifications, and who have been for some time in practice, should receive the complement of their present qualification on condition of being examined in those branches of medical knowledge only in which they have not hitherto been examined.

The important questions will arise, How is this joint Board to be constituted? And what bearing will its creation have upon existing licensing bodies? With its creation it is clear that the *raison d'être* of many of these will cease. If the joint examining board is to give "a complete diploma in medicine, surgery, and midwifery," in the language of the Council of the College of Surgeons, the demand for the present imperfect diplomas must cease. The holders of this diploma will be, for all medical and legal purposes of general practice, on a par with the member of the College of Surgeons, and the holder of the licence of the College of Physicians or of the Apothecaries' Company. As there will still remain a demand for practitioners that will devote themselves particularly to surgical or to medical cases, we may presume that there will still remain a demand for other and higher qualifications in medicine and surgery than the general one to be given by the joint Boards. In the demand for such higher qualifications will remain a *raison d'être* for those bodies which have hitherto granted them. The degrees of the universities and the fellowships of the colleges will still be in demand. But how shall the body be constituted which is to grant the diploma that is to be the great complete qualification of general practitioners? There is only one principle that should guide Government—for this is a State matter, and should be the subject of special legislation,—that is, to consult the public interest, and not that of any merely medical corporations. In Germany the examining board is annually elected by the Minister of Education. It consists partly of teachers in the University, and partly of such other medical practitioners as are known for their scientific ability. The President is always an outsider, appointed by the Minister; and to him the examinees can appeal in case of any unfairness on the part of an examiner. This examination has no connexion whatever with the University, and is designed merely to convince the Government of the practical ability of the candidate, and to ensure the public against ignorance and incompetency. We take this statement from the account of these matters in Germany contained in the Report of the Committee of the General Council on Medical Education. If we are rightly informed, this examination and diploma cost the candidate nothing: his examination is a State affair.

Here, then, is the essence of the provision which is needed in this country—an examining board above all suspicion, free from all competition, and having no interest in passing incompetent candidates. We have not a Minister of Education in this country; and if we had one, it would scarcely accord with our ideas that he should have annually the nomination of such a responsible board. But if we had a Medical Council satisfactory to the State, on the one hand, and to the profession, on the other—as we hope soon to have,—the election of examining boards might be most fitly devolved upon it; and the examiners should be entirely independent of existing corporations, and paid by the State. We are well aware that these suggestions involve a great revolution of existing arrangements. But this is already seen to be inevitable. Nineteen or twenty bodies in com-

petition to do that which the State has an interest in having done well, is a condition of things that cannot be allowed to continue. The College of Surgeons at last sees this. The necessary thing is, that the alterations to be made be thorough, and satisfactory to the public and the profession.

IT is the misfortune of journalists, at the present stage of the world's history, to suffer from an *embarras de richesses*. Nothing but the amount of material pressing upon our columns could have prevented us from placing before our readers the admirable address lately delivered by Dr. J. A. SYMONDS, as President of the Health Department of the Social Science Congress at Bristol; and, as we have been precluded from printing it in its entirety, we must strive to make partial amends for the omission by calling attention to some of its chief topics. In the first place, the accomplished speaker dwelt upon the mutual dependence of mankind with regard to sanitary matters.

"In vain," he said, "would a man be temperate and judicious in his diet, regular in his exercise, punctilious in his ablutions, and ingenious as to his house arrangements, whether for temperature or ventilation or cleanliness, if the public sources of many of his requirements are deficient or corrupt: if, for example, the water supplied him is impure; if the air which he is so careful to let in abundantly is loaded with miasms; and if the well-ordered outlets of his dwelling are in relation with inadequate or obstructed public conduits or reservoirs."

In these few words Dr. SYMONDS has concisely stated the whole case of those who demand the enactment and the enforcement of proper sanitary law. It is the province and the duty of Government to protect the persons and the property of the governed, and this duty is especially binding with regard to all evils from which individuals cannot protect themselves. Most of us could easily dispense with, or, at the worst, could find some substitute for, the protection that we actually receive from existing laws; with regard to which it may be said that their chief operation is to punish malefactors after crimes have been committed. Any given individual incurs but a small risk of being murdered by violence; and resolute men could provide their own defences against highwaymen and burglars. The conduct which is punished as commercial fraud differs only in its results from that which is glorified as commercial success, and which leads to wealth, to titles, to social consideration, and to the fortunate wooing of such constituencies as those of Norwich or Bridgewater. The maxim, "*Caveat emptor*," has replaced the traditional honesty of English merchants, and suggests a possible defence against the ordinary frauds of trade. But against the dishonesty of gas and water companies, against the imperfections of adjacent sewerage, and against the atmospheric diffusion of the germs of infectious disease, every individual is as absolutely destitute of the power of self-defence as he is also destitute of the prospect of redress for the gravest injury. At present, moreover, partly from the desire of all governments to shirk measures of national utility and to concern themselves only about the promotion of party aims, and partly from the extraordinary ignorance and apathy of even intelligent persons with regard to the importance and the simplicity of the most urgent sanitary requirements, there seems but little prospect of any amendment taking place. We commend it to the attention of those interested to consider whether the time has not come for the formation of a Sanitary League, having for its first object to instruct and form public opinion—for its second, to promote needful legislation. The experience of the past appears to teach that only by some such machinery can any good results be brought about.

Proceeding from the passage quoted, and from others in extension of it, Dr. SYMONDS next gave a sketch of the history of the State Medicine movement, followed by a protest against the recent outcry about the supposed perils of vaccination. He then went on to define health, and to suggest that such a definition was by no means needless.

"It is not health," he observed, "if the brain of the literary man, after the production of a successful paper, is left aching, and if his night's rest is broken, and his digestion becomes toilsome, and his muscles are unable or unwilling to act. Perfect health implies the completeness of the whole and of every part of the human organism, the education of all its latent capacities in their due proportion to each other, and such a condition of all the parts that they may do what is fairly required of them without strain, and without subtraction from the energies of each other. To attain this is the aim of hygienic art;—to develop man to the utmost of his nature, and yet to maintain the several parts of his system in due balance and harmony. A grand object, but alas! far from attainment."

The address then proceeded to point out on what principles it was legitimate and necessary to control or modify the natural sequence of events in order to promote the welfare of the human race. The perceptive and reasoning faculties of man are as much a part of nature as whatever he surveys and operates upon. Hygienic art, in altering nature, is but doing in its own sphere what is done by all civilisation in violating and breaking up the course of nature.

"If we consider for a moment a scene of tropical vegetation—magnificent forests, luxuriant underwood, beautiful plants, birds of gorgeous plumage and sweet voice,—we are disposed to exclaim, How glorious and how admirable are these works! though we know that these plants and trees often strangle and stifle each other, grow imperfectly, and die prematurely; and that within the thicket lurk murderous carnivora, and treacherous reptiles, and hideous molluscs, and venomous insects, and slimy annelida, loathsome and repugnant to all but enthusiastic zoologists; and that were there not these animal foes of man, there are malarious poisons lying in wait for him, if he is so ignorant or unwary as to attempt to take a night's repose in those solemn and enchanting shades. In the course of time man learns that there are many things that he must alter and destroy. He must let in light and air, and kill or starve the beasts and reptiles, and sweep away the woods, and drain the jungles. And in his civilising works he does this, and much more. But in all his observations, and thinkings, and labourings, it is only the nature within him contending with and subduing the nature which is around him. So that after all there is no antagonism between nature and art, but the triumph of one department of nature over another—the yielding of the lower nature in gross physical forces, and inferior living organisms, to the higher nature which is in the will and reason of the supremest of God's creations."

In conclusion, a sketch was given of the past history and

the future prospects of sanitary work; the speaker admitting the chaotic state and scanty tale of the former, but being by this is no way discouraged with regard to the latter. It is in the nature of civilisation, unless checked by cataclysmal events, to advance in a geometric ratio; and we may fairly hope that our progress, although hitherto made with but tardy and faltering steps, may soon assume a new character, and be marked by a redoubled energy.

THE Admiralty authorities have taken decided action with regard to the lock wards of the Royal Albert Hospital, Devonport, which will, we trust, lead to a settlement of the differences between the surgeons of that institution and the chairman of the committee. The Director-General of the Naval Medical Department took steps, during his recent visit to Devonport, to assert the right of the Admiralty to supervise the wards which are maintained out of public money by making an official inspection of them, in company with the visiting surgeon under the Contagious Diseases Act; and it has now been determined to place the wards under the charge of a resident medical officer, who will be appointed by the Director-General, and will be responsible for the care of the cases under the supervision of the visiting surgeon. This latter officer will, for the future, have unrestricted entry to the wards, and no patient will be discharged under ten days from admission without his counter-signature. In case of any difference of opinion arising between the resident and the visiting surgeon with regard to the detention of any woman, the matter is to be referred to the Inspector of Plymouth Naval Hospital.

Thus the Admiralty proposes to dispense altogether with the assistance of the local practitioners, and to take the whole management into their own hands. As they have an undoubted right to do this, and do not propose to interfere in any way with the civil side of the hospital, we hope the medical officers will acquiesce in an arrangement which will relieve them from an immense amount of gratuitous and harassing work, and will throw the future working of the Act into the hands of officials upon whose heads alone any blame of failure must fall. At the same time, we again express regret that the power both of committal to hospital and of retention there should be entrusted to one official, however able; and trust that no harm to the satisfactory working of the Act may result therefrom. Considering also that for five years the honorary officers have discharged all the duties of the lock wards without fee or emolument, we hope that in dispensing with their services the authorities will make some handsome acknowledgment of them.

Medical Annotations.

"Ne quid nimis."

DEATH FROM THE ADMINISTRATION OF BICHLORIDE OF METHYLENE.

IT is with regret that we put on record the particulars of a case of death which occurred last week in Charing-cross Hospital during the administration of the bichloride of methylene for the production of anæsthesia prior to a severe operation, especially as it is the first of its kind which has happened. The patient was a man thirty-nine years of age, the subject of a malignant disease of the left antrum extending upwards, displacing the malar bone, and protruding from the nostril. The disease, which had run a very rapid course, had been accompanied by several attacks of smart hæmorrhage. On the ground of the unfavourable nature of the case, and especially the exhausted condition of the patient, Mr. Canton at first refused to operate for the removal of the cancerous mass; but as the patient himself and his friends pertinaciously urged surgical interference, and a day's delay would have lessened any chance of success that may have existed, Mr. Canton subsequently complied with their request. When brought into the operating theatre, the patient looked somewhat pale and anxious. The pulse, however, was a fair medium one, and not frequent. Of course, the position in which he was placed was the sitting one. One drachm (by measure) of the bichloride of methylene was first administered slowly and cautiously, during about three minutes, by Mr. Peter Marshall, who watched the breathing and the right pulse, the house-surgeon having his finger on the left. The methylene having been exhausted, half a drachm was then added, the pupils at the time being slightly dilated. On making the patient inhale the fresh quantity of the anæsthetic, his countenance changed, but not suddenly. The attention of the surgeon was at once called to the patient's state, with the view of ascertaining whether the anæsthesia produced was sufficient, when the patient's head fell back, and the pulse became feeble, and then ceased. There was no accompanying stertor, nor lividity of countenance. The man was removed from the chair, and laid in the horizontal position; artificial respiration and galvanism were employed, but without avail. These particulars were stated by Mr. Marshall to the "Medical Society" on Monday night.

Dr. Richardson, in some comments he made upon the case, observed that the bichloride of methylene had been given in some six or seven thousand cases with only this one fatal ending, and this occurred in a man exhausted to the last degree, in whom there was a special difficulty in expiration due to one nostril being closed, which led in its turn to the retention of the anæsthetic in the lungs. He expressed his belief that it would be best to avoid the upright position in cases of the removal of the jaw, and that it was far better to keep the patient "quiet" in deep narcotism by the anæsthetic through means of a nostril pipe than to confine any of his muscles by a bandage, as is the practice with some.

Mr. Hancock, after defending the methylene as altogether superior to chloroform, coincided with Dr. Richardson as to the importance of giving the freest play to the muscles in anæsthetising; but feared, in placing patients in the recumbent position in the removal of the jaws, the trickling of blood into the air-passage, which had before now led to death.

On a careful review of the facts of this case, it seems to us that it would be scientifically vicious to condemn the bichloride of methylene as an unsafe anæsthetic, or one to be avoided. True it belongs to a dangerous family, the chlorides, as Dr. Richardson observed; but the circumstances attending its administration in this case were altogether against its having fair play, so to speak. The man was really at death's door; one nostril was useless; he was placed in a semi-fainting state in the upright position, and his respiratory muscles were hampered in their action by bandages; whilst the amount of the anæsthetic given was comparatively small. The elements of danger in the exhibition of the anæsthetic were in the man himself, not so much in

the methylene. Indeed, we are inclined to ask, as regards the operation, *cui bono?* and confess to a feeling of regret that the operator wavered from his first decision.

INSURANCE AGAINST SICKNESS.

VARIOUS correspondents urge the establishment of a sick fund for the use and benefit of medical men. There can be only one opinion as to the desirableness of such a provision against a rainy day by the members of a profession which exposes a man to so many causes of sickness, and which does not remunerate him so bountifully while at work as to enable him to rest from his labours even for a temporary sickness with an easy mind. That all members of such a profession should make a provision of the kind everyone will promptly admit. The only question is as to the best ways in which such a provision could be made. We are disposed to think that the offices which insure life might, with little trouble and much profit to themselves, insure against sickness. The relation of sickness to death—that is to say, of the duration of disabling sickness to death—can be pretty well made out. And it seems an absurd imperfection in the insurance system that it should apply, as far as the professional classes are concerned, to death and to accident, and not to sickness. We trust that some trustworthy offices will apply themselves to this question. We believe that it would be a source of most profitable business to them, and there is need now for some extension of the business of insurance offices in sound directions.

Failing this it would be well worth the attention of the profession to organise a scheme for the insurance of its members under the advice of good actuaries. But, we repeat, it seems properly the work of the insurance offices.

YELLOW FEVER AT PORT'S ISLAND, BERMUDA.

THE following circumstances, which, to our minds, are not without considerable interest, serve to demonstrate the infectious character of yellow fever, and to indicate the influence which an infected locality is capable of exercising on the bodies of those who come within its sphere. A party of Royal Marines had been detached for the purpose of cleansing and whitewashing the quarantine hospital at Port's Island, Bermuda. They had commenced their work upon the arrival of H.M.S. *Barracouta* from the West Indies with yellow fever on board. When it had been decided to remove the sick from the ship to Port's Island, the working party, of course, discontinued its labours, and departed. Twenty-seven days after the return of the survivors of the sick men on board their vessel, and subsequently to the departure of the *Barracouta* for Halifax, the detachment went back to Port's Island, and recommenced its labours. The party consisted of eight men, and a sergeant of the Royal Marines. The men occupied one ward while they whitewashed the other, and then occupied that which they had whitewashed. About a week after they went there, and while still occupied in their duty, the sergeant and one of the men were attacked with yellow fever, of which they ultimately died on the 6th September. The party continued in hospital, with an assistant-surgeon R.N. in medical charge, and about the 12th another man was attacked, who recovered. He, with the rest of the party, have been sent to Halifax in a vessel of war, under the charge of the assistant-surgeon, who, we regret to hear, has fallen a victim to the same disorder. It also appears that the sergeant and his fellow-sufferer, on the first occurrence of the symptoms, were proceeding to the naval hospital at Ireland Island, but were met on reaching the shore by an officer of the Royal Marines, who happened to have studied medicine before entering the corps. He suspected what was the true nature of their disease, and ordered them to remain in the boat until they could be seen by a medical man, by whom the correctness of his suspicions was corroborated. A medical officer (Dr. Thomas, of the Naval Hospital) returned in medical charge of the two men to Port's Island, where they died, as we have stated, of yellow fever. Up to the present time, no further cases have occurred, and the infection does not appear to have extended beyond the strict limit of the localities occupied by the fever-stricken men of the *Barracouta*. It ought to be stated that the marines were detailed for the purpose of cleansing the hospital without any reference to the local medical authorities, who would probably have objected to their visiting the quarantine hospital.

UNIVERSITY COLLEGE HOSPITAL.

ON Wednesday last we witnessed the performance of the operation of lithotrity on three patients, in the theatre of University College Hospital, by Sir Henry Thompson. The patients were all about sixty years of age, and two of them had already undergone the operation more than once at Sir H. Thompson's hands. In these cases, therefore, the calculus was small; whilst in the other the stone was of good size. In all three cases the stone was caught with remarkable dexterity, and crushed with the greatest ease, by means of the flat-bladed lithotrite now always employed by the operator. The whole time occupied in operating upon the three patients was exactly ten minutes, the lithotrite in no case being retained more than a minute, and the remainder of the time being occupied in bringing in and carrying away the several patients. Sir H. Thompson took occasion to explain to the class the advantages of his form of lithotrite and the methods of using it, and claimed for it advantages possessed by no other instrument of the kind.

A NATIONAL HOSPITAL FOR INCURABLES.

UPON what data it has been computed that "one in every thousand of the population of England is afflicted with some incurable malady," we do not profess to know; but assuming that Miss Sandford has reasonable warrant for the assertion to that effect which is embodied in her prospectus of a National Hospital for Incurables, now before us, any well-considered project for ameliorating the condition of sufferers within that category has a claim upon our sympathy which we willingly recognise. Beyond doubt there is need of a considerably increased amount of accommodation in this country for incurable cases, which are at present distributed throughout existing institutions to some extent (and to much mutual disadvantage when so distributed), as well as amongst the population generally.

To meet this need, Miss Sandford, starting with a nest-egg of £1000 placed in her hands by a munificent gentleman for that purpose, has organised a Provisional Council and trustees, and has already secured very influential assistance, both in money and opinion, towards the accomplishment of the object in view. The proposed hospital is to be situated at Cowley, near Oxford. A convenient and healthy site, just outside the city, and within easy reach of two railway stations, has been given, and is now legally vested in the trustees. The object of the hospital is, according to the prospectus, "to offer a well-regulated home, with suitable attendance and sympathy, to such persons as, being afflicted with incurable disease, are unable to find elsewhere the comforts which they require, and especially when their relatives can contribute some small payment to assist in providing for them the necessary attentions which could not otherwise be obtained without much greater expense."

The selection of patients is to be left entirely in the hands of the Medical Board, who will judge of the merits of each case without any canvassing for elections being permitted; and the nursing is to be done by a body of resident ladies giving their voluntary services, in addition to such a staff of paid nurses as circumstances may require. We observe that Miss Sandford has enlisted the sympathy of some of the most eminent members of the medical profession in her philanthropic undertaking, to which we very cordially wish all possible success. We may, however, point out that it would be well to take a broader view of the principles upon which such an institution should be founded than is implied in associating it specially with any particular form of religion. Charity in its highest sense knows no distinction of creed, and the healing or alleviation of bodily ailments should have no sort of connexion with religious propagandism. We understand that a meeting of the supporters of the new hospital, for the purpose of appointing a Working Committee, is to be held at the house of Dr. Andrew Clark, on Tuesday next at 4.30 P.M.

SANITARY STATE OF BOMBAY.

AMONGST the many interesting sectional papers read at the Leeds meeting of the British Medical Association, which we were unable, from pressure on our space, to notice at the time, was one "On the Sanitary State of Bombay," by Dr. T. G. Hewlett, the medical officer of health and coroner for that city, and which has now been published in a separate form. Passing in brief review the sanitary history of this Indian city, and the complicated requirements incidental to a population of Mussulmans, Hindoos, Parsees, &c., with their several caste prejudices, habits, and customs, Dr. Hewlett is able to show that the results of the enlightened policy of Governor Sir Bartle Frere in appointing (in 1865) the Municipal Commission, with its medical officer of health, have been pre-eminently satisfactory. We cannot detail here the various measures adopted by the Municipal Commissioner (Mr. Crawford), in conjunction with Dr. Hewlett, for removing that evil which Dr. Leith, in his capacity of Sanitary Commissioner had, in 1864, described as the most prominent, and yet most remediable, of the evils which an inspection of Bombay had disclosed—"its filthiness;" it must suffice that we mention one or two facts which of themselves amply justify the confidence we in this country have so long entertained in the efficiency of increased cleanliness as a means of diminishing the mortality from infectious disease. Dr. Hewlett says that in the seventeen years ending 31st January, 1865, there died in Bombay, out of a registered number of 264,448 persons dying from all causes, 37,817 by cholera, 13,371 by small-pox, 4056 by measles, and 116,366 by fevers of different kinds; making in all 171,610 deaths from these four causes, which were therefore fatal in the proportion of 65 per cent. of the gross mortality. Turning now to the recently-arrived report of Dr. Lumsdaine (who is acting as Dr. Hewlett's *locum tenens* during the latter's absence in England on well-earned leave) we find that in the three years 1866–8, out of an aggregate of 48,067 deaths from all causes, 25,632 were caused by cholera, small-pox, measles, and fevers; those four diseases, accounting, therefore, for 53 per cent. of the whole number of deaths—a clear reduction of 12 per cent. in their fatality during the last three years. If, as we gather from Dr. Hewlett's paper, any imperfection in the death-registration affects rather the *cause* than the *fact* of death, and assuming the population to be correctly stated at 816,562 persons, it would appear from Dr. Lumsdaine's report that the death-rate in 1867 and 1868 was 19 per 1000, as compared with 31 and 35 per 1000 in 1864 and 1865. That Bombay, with its mixed population, largely composed of classes "long accustomed to order their lives without reference to those about them," who in the mass "consider a public street as a bathing-place for themselves, and as a public necessary for their children," and who prefer "to drink the putrid water of a so-called holy tank to that from a vehar (reservoir) pipe," should be able to show two years following a death-rate lower than that of the English metropolis is, to say the least of it, rather more surprising than satisfactory to us.

ST. BARTHOLOMEW'S HOSPITAL.

WE much regret to observe that a contemporary, under guidance from which we had hoped for better things, is in danger of returning to the position that it held a few years ago—the position of a feeble obstacle to the advance of science and to the promotion of the higher interests of the profession. Quite lately, its columns have contained an elaborate defence of a system of departmental teaching that obtains at one of the London hospitals. That system is perhaps the best that, under existing circumstances, could there be carried out; and its adoption, as a temporary and provisional substitute for no departmental teaching at all, is highly creditable to the staff. But to proclaim it as the discovery of the age is like the fox who set forth the airiness and convenience that were consequent upon the absence of his caudal appendage. Last week, the same journal contained a little rhapsody about the "active efforts" that are being made to improve the out-patient department at St. Bartholomew's Hospital. We know nothing about the "activity" of these efforts; but we do know that the changes referred to are absurdly inadequate to the glaring necessities of the case, and that they have the appearance of being a sop thrown to public opinion, rather than a genuine effort to bring about a better state of things. It is much to be regretted that any medical journal should, in however small a degree, weaken the hands of earnest reformers by the expression of its groundless and premature satisfaction. The governors of St. Bartholomew's, even if they were to make arrangements for the complete fulfilment of the great trust reposed in them, would yet be only discharging the duties that they now neglect, and would be far from deserving any special songs of praise or thanksgiving.

THE ANNOYANCES OF REGISTRATION.

ALL possessors of the franchise know something of the annoyances to be encountered in getting one's name on the register for a borough or county, or combating some perfectly futile party objection. These, however, sink into insignificance compared with the difficulties which are thrown in the way of our medical students when they wish to enter upon their studies, and find that they have not one but three separate places at which they must produce their tickets and sign their names. The General Medical Council is bound to have a complete list of students for the purpose of forming a register, but it sets about this in at once a methodical and convenient way. The authorities of each school are furnished with blank forms, one of which each freshman signs when he pays his fees, attaching to it his certificate of having passed a preliminary examination. These are duly forwarded to the Registration Office by the authorities of the school, and thus the student is saved all trouble and loss of time at the cost of a very trifling expenditure of care on the part of those who are bound to help him forward in his studies. The College of Surgeons and the Apothecaries' Hall, on the contrary, are not content without the bodily presence of the student before their respective beadles twice in the year, and insist not merely on

knowing that he is actually studying, but that he shall be studying certain subjects in certain years, and shall produce all the cards thereunto appertaining on pain of having to return again in order to satisfy their inquiring minds. The whole system is an unmitigated nuisance, maintained, we believe, solely for the glorification of the subordinate officials engaged in carrying it out, and is perfectly indefensible on any ground. These two examining boards have, we maintain, no right to demand anything but a duly signed schedule of attendance on the lectures, &c., laid down in their regulations, and we defy them to show anything in their charters or bye-laws authorising them to require the attendance of students prior to their appearing for examination. No one ever yet heard of a candidate for a diploma of either the College or Hall being refused admission to examination for lack of registration, and if the authorities of these institutions have not the sense to give up the absurd system which has grown up in course of years, we can only advise students quietly to ignore a perfectly illegal arrangement, which only leads to a most unnecessary waste of time.

PROVINCIAL MEDICAL SCHOOLS.

A TEACHER in a Provincial Medical School writes to us to complain of some remarks which appeared in THE LANCET of Oct. 2nd, under the head of "The Difficulties of a Provincial School." The gentleman in question takes us roundly to task for statements which not we, but a country paper, made, and blames us for opinions which we neither entertained nor expressed. We have no wish whatever to depreciate the provincial schools, nor do we deny for a moment that the same class of students may be found in metropolitan schools as that whose admission our contemporary deprecated. At the same time, we think the argument of our correspondent in laying all the blame of these admissions upon the examining boards is hardly fair, since it is notorious that there is no means of absolutely excluding an individual from the attainment of a diploma; for whatever the number of his failures, he will finally scrape through, there being, unfortunately, no such thing as a "final rejection."

With regard to the general question as to the advantages of provincial schools, we have no hesitation in saying that we believe them in many cases to be of the greatest advantage to the students, teachers, and hospitals attached to them. At the same time, it would be idle to deny that in some cases the professional engagements of the teachers interfere very considerably with that devotion to teaching which is essential for the thorough education of their pupils, and also that the necessarily confined field open to them occasionally leads both teachers and pupils to somewhat narrowed views of practice. It is probably for this reason that so many provincial students take advantage of one or more years' attendance in London before taking their diplomas; and we cannot but think that this severance of local ties, and the necessary association with other students and teachers to which it leads, have a beneficial tendency in doing away with some of those prejudices to which provincialism is so apt to give rise.

THE EAST LONDON UNION.

ONE of the first fruits of amalgamating the City unions has been to bring fresh light on the condition of the East London Workhouse, the officers of which have been in a state of anarchy for a very long time past. The Visiting Committee have reported to the new Board that the unsatisfactory condition of the house demands immediate attention. The floors were found dirty, and the bath-room was used as a sink. There is no provision for disinfecting beds in which sick persons have slept. A good deal of overcrowding exists in the infirmary wards, and the lunatic wards are in a most unsatisfactory state. The key of the padded room was entrusted to the nurse, instead of a responsible officer. There are also offensive smells in various parts of the house. Again and again we ask, Where are the inspectors of the Poor-law Board, and what do they do? The want of official harmony in this workhouse has long been notorious, and nothing more certainly leads to confusion and neglect; and yet it is left to a few independent members of the new Guardian Board to show up a state of things utterly disgraceful to all concerned, inspectors at their head.

A MEDICAL PIONEER IN JOURNALISM.

THE *Pall Mall Gazette*, in a recent article on "Continental Journalism," gives some very curious and noteworthy particulars anent the establishment of the first newspaper in Paris, which owed its existence to a member of our profession, Dr. Renaudot, and which, under its original title of the *Gazette de France*, has continued to be published down to the present time. According to our contemporary, the *Gazette de France* made its first appearance in 1633 (Haydn's "Dictionary of Dates" says it was in April, 1631), and the circumstances which led the philanthropic Dr. Renaudot to project it are thus narrated:—

"He spent a good deal of his time in hospitals, and devoted most of his money to the relief of the sick. One day it struck him that the long hours of convalescence must weigh very heavily on patients who had nothing whatever to amuse them as they lay in bed; and, as he happened to have a very chatty and humorous correspondent called d'Hozier, who sent him long letters from Orleans two or three times a month, he made it a practice to read these letters aloud to his patients to try and cheer them a little. The plan succeeded wonderfully, so much so, indeed, that Renaudot thought it might be no bad speculation to have the letters printed and sold. He applied to Richelieu for a privilege, which was granted without difficulty, and it is thus that the *Gazette de France* started into life as a weekly paper, published on Wednesdays, at the price of 6 sous—that is, about 10*d.* modern money."

The "Dictionary of Dates" says that the King Louis XIII. patronised Renaudot's journal, and wrote one article for it; while the *Pall Mall Gazette* remarks that Richelieu "made it his organ, and used it in a statesmanlike and business manner for the dissemination of false news." While we must object to the use to which Renaudot allowed his paper to be put, the fact remains that its conception was due to the praiseworthy desire of a physician to relieve the tedium of sickness.

THE SUSSEX COUNTY HOSPITAL.

WE are always glad to help forward every effort to improve the condition and teaching powers of our hospitals, whether metropolitan or provincial, and we therefore note with satisfaction the effort which is being made to render the Sussex County Hospital at Brighton more complete by the enlargement of its library and museum. From a statement put forth by the Committee of Management, we learn that from the foundation of the institution the medical officers have devoted all pupils' fees to the establishment of a museum and library, which have attained very fair proportions, but have hitherto been lodged in some of the rooms in the best part of the main building. These latter are now required for other and more directly medical purposes, and the Committee propose, therefore, to erect a suitable building adjoining the hospital, for the purposes of museum, library, and lecture-room, at an estimated cost of £1500. We cannot imagine that in a great town like

Brighton there can be any difficulty in raising the necessary funds, if the public once sees the advantage of that which they are asked to supply; and we therefore hasten to assure them that a museum and library are most important and useful adjuncts to their charity, affording their medical men opportunities of study which they could not otherwise obtain, and giving to those who are engaged in preparation for the medical profession the very best assistance which can possibly be afforded them.

SCARLET FEVER.

SCARLET FEVER shows no signs of diminished fatality in London. The deaths registered last week from that cause numbered 224, against 216 in the preceding week, and 238 in the week ending October 2nd. The Eastern and Southern districts supply 147 out of the 224 fatal scarlet-fever cases of last week; the localities which suffered most severely being the entire Bethnal Green, Whitechapel, Poplar, Southwark, and Bermondsey districts; and parts of St. George-in-the-East, Stepney, St. George Southwark, Newington, Battersea, Wandsworth, Camberwell, Rotherhithe, and Deptford. In the Western group of districts only 10 fatal cases occurred, of which 4 were in the sub-district of St. Mary, Paddington. In the Hackney district there were 13 deaths, and 14 in the large amalgamated districts of Holborn, Clerkenwell, and St. Luke's.

How first to stem the advancing tide of infection, and then to dislodge it from the footing it has secured so widely all over London, are questions of the highest import, which imperatively call for the closest attention from our sanitary authorities in general and from the Medical Department of the Privy Council in particular.

SHEDFIELD COTTAGE HOSPITAL.

As much interest has lately been excited on the subject of cottage hospitals, and the opinion of the medical profession is so unanimously in their favour, we are glad to notice, by the Second Annual Report of the Shedfield Cottage Hospital, that that institution continues in a flourishing condition. During the year, 68 patients were treated: 15 in-door, and 53 out-door. This is a smaller number than that of the preceding year, although the benefits of the hospital have been extended to a larger population. This is accounted for by the particularly healthy character of the district, and by the absence of severe winter weather. During the winter a soup-kitchen was held at the hospital, under the management of Mrs. Bray.

THE BOARDING-OUT SYSTEM FOR PAUPER CHILDREN.

ON Saturday last the Warwick guardians adopted a scheme for boarding-out the pauper and deserted children of their union. Each child will be placed with respectable persons, and an allowance of 3s. 6d. per week made for maintenance, and a further sum of 6s. 6d. per quarter for clothing. The children will be regularly inspected, and will be required to attend the parochial schools up to the age of thirteen. The scheme, which originated with the Hon. and Rev. J. W. Leigh, was warmly supported by Colonel Grant, who has watched the favourable results of its working at Bath. Mr. Peel, the Poor-law inspector, argued that the adoption of the scheme would encourage child-desertion, and would place the children in a better position than that of the families of many agricultural labourers. The first objection is a purely speculative one; and the second appears to apply equally to the maintenance of the children in the workhouse, where the cost is somewhat more than 3s. 6d. per week. We heartily approve of this out-door boarding system, both on medical and moral grounds; and we are convinced that the home-influences thus brought to bear on pauper children will give them a higher moral and more practical education than any supplied within the workhouse walls. We know no sight more sad than the unvarying stolidity of expression which degrades the countenances of all our charity recluses, and we hear with satisfaction of the adoption of a scheme which promises to replace it by the bright intelligence which tells of human sympathies and hopes.

A CAFÉ CALIFORNIA FOR LONDON.

MANY years ago the Café California of Paris was admirably described by the facile pen of Mr. Blanchard Jerrold. In that well patronised establishment meat of the best quality is to be had at a penny per plate, and second-rate at half the money. Beef and bacon are a penny a plate, and cabbages and haricots are also served at the same price. There is dessert likewise in poverty's bill of fare, for the luxury of stewed prunes may be obtained at one halfpenny the plate.

Hitherto a café of this order has been peculiar to France; but we are promised better things. The energetic importer of Australian meats—Mr. Tallerman, of Norton Folgate—has undertaken to provide meat dinners at a penny per head. Well-cooked, savoury, and nutritious meat and potatoes may be obtained for a penny, and a plate of soup with bread can be had for the same money. What a boon for poor labourers and starving people! If Mr. Tallerman's experiment succeed, he will have conferred a greater charity on the poor than all the patrons of soup kitchens put together; for he will have enabled thousands to feed themselves at their own cost who cannot do so now. We heartily wish him success.

CHARGE AGAINST THE MEDICAL OFFICER OF BARNSLEY WORKHOUSE.

THE Barnsley Guardians have been engaged in investigating a charge against Mr. W. T. Y. Smith, medical officer to the Workhouse. It appears from the evidence that a woman named Ann Hobson had been admitted into the workhouse infirmary, suffering from chronic syphilitic ulceration of the leg, for which amputation was performed. Secondary hæmorrhage and gangrene followed, and a second amputation was performed above the knee, at the line of demarcation. Seven days after this, the patient not having rallied, and her condition being considered hopeless, Mr. Smith was called into Scotland by telegram, on account of the illness of his wife, and was absent eight days. He left his practice, both public and private, in the hands of an unqualified assistant, whose instructions were to procure help from qualified neighbours when necessary, but who did not think the case of the woman Hobson to be one in which such necessity existed. The master of the workhouse, on hearing of Mr. Smith's absence, sent for Mr. Blackburn, his recognised deputy; and Mr. Blackburn, who found Hobson at the point of death, called in other medical men to see her, and attributed something of her condition to the improper pressure of a tourniquet. A full inquiry completely exonerated Mr. Smith from blame, always excepting such technical blame as might arise from his departure from the letter of his duty by failing himself to obtain Mr. Blackburn's aid in his absence. The Board of Guardians reported to the Poor-law Board as follows:—"The Guardians, having carefully considered the evidence of the medical and other witnesses, are unanimously of opinion that the operations were necessary, and properly and skilfully performed, and that, in these respects, no blame is to be attached to Mr. Smith; but the Guardians consider him

culpable in not requesting his duly-appointed substitute to attend to his patients during his absence from home." In this censure it is impossible not to concur; but it is also impossible not to make large allowances for a medical man hastily summoned to a sick wife, or not to perceive that there may have been reasons why Mr. Smith was not eager to call in a deputy who was the first, it seems, to cast blame upon his principal. We regret to add that Mr. Smith has seen fit to resign his appointment. On former occasions we have felt called upon to criticise the proceedings of the Barnsley board; and it is only right to say that, on this occasion, the gentlemen composing it appear to have acted with much dignity and fairness, and with a full sense of what was due both to the poor and to the medical officer.

THE NATIONAL BURDEN OF INSANITY.

IN an interesting Annual Report on the Royal Lunatic Asylum, Montrose, Dr. James C. Howden discusses several questions of importance in regard to the subject of insanity. He agrees with most authorities in distrusting the evidence upon which some people believe in its increase. He thinks we only take more notice and more care of the insane, and that in this way their life is prolonged, and our impression of their being more numerous is produced. Another comforting remark of Dr. Howden's is, that insanity does not arise chiefly in the class where intellectual life is most active. It is not the hard-working politicians and lawyers, the busy merchants and manufacturers, nor even the brain-working literary men, who crowd our asylums. On the contrary, the mass of our patients come from the classes who work least with their brains, and whose mode of living may be "artificial," but is certainly not luxurious. In order to reduce somewhat the burden of insanity on the taxpayers of the country, he suggests that more might be done in the way of utilising the labour of the insane, as in the Asylum of Clermont, and other asylums, in France, where the rate charged for a pauper lunatic is only a franc a day, or 5s. 10d. a week.

There is one other medical observation of interest in Dr. Howden's Report, to the effect that diarrhœa and dysentery are more common among the insane in cold weather than in hot. This is so opposite to what occurs in the general population, that we should like a fuller confirmation of it than Dr. Howden's Report contains. He accounts for it by the tubercular diathesis of a large proportion of the patients. We would direct the attention of the medical officers of asylums to Dr. Howden's statement.

THE DOCTOR ON THE STAGE.

THE medical profession is not frequently represented on the stage; and when it is, the parts allotted to stage doctors do not render them interesting or attractive personages. Doctors are usually represented either as mountebanks, vulgar sycophants, pedants, or pompous individuals of the Dombey type. Shakspeare's humble apothecary is made to say that his poverty and not his will consented; and the force of the plea is applicable in our age, perhaps, nearly as much as it was in the time of the Capulets. Lady Macbeth's physician was evidently a man of sagacity and penetration, and a psychologist. Moralists aver that intercourse with suffering enlarges our feelings of benevolence at the expense of our sympathies. Be this as it may, the personation of doctors on the stage is not usually flattering to the profession; and where instances to the contrary occur, they deserve to be recorded. We witnessed the other evening an excellent and very spirited piece by Mr. Burnand at the Queen's Theatre, called "The Turn of the Tide"—a title which serves to express, let us hope, that dramatists are beginning to portray the character of members of our profession in truer colours. A doctor forms the principal character in the piece. He is represented as capable of exercising a spirit of generous, self-sacrificing disinterestedness, which is not by any means without its example, we are glad to say, in real life. While the play does credit to the abilities of its author, we are bound to add that there are few men who could support the professional character better than Mr. Ryder. His acting struck us as marked throughout by an appreciation of delicate feeling and good taste.

REMOVAL OF PAUPER LUNATICS.

ANOTHER of those wholesale and wholly unjustifiable removals of pauper lunatics has just taken place from the Shoreditch Workhouse. Thirty inmates, belonging of course to the imbecile and harmless classes, have been taken to Northumberland, and twenty-five to Wells, in Somersetshire. The chairman of the board described the excellent arrangement of the establishment at Wells, and regarded it as an advantage that they had no padded room. A farm, a quarry, and a limekiln are worked by the inmates of the asylum. But nothing was said of the cruelty of such removal, which is in fact a kind of living death. The patients have been removed from the kindly and cheering visits of their friends, and from the wholesome supervision of the guardians. It may be supposed that the latter have sent these poor creatures so far away that they might be better treated. Nothing of the kind. They have sent them away because the expense will, for the future, fall upon the Metropolitan Common Poor Fund. It is possible that the cost to the public will be double, but the guardians are satisfied because they will not have to pay. We should like to know what will be the cost of each patient, and to ask whether, at that rate, there are not mothers and sisters who might properly take charge of some of them?

UNIVERSITY OF CAMBRIDGE.

AT a Congregation held on the 14th of October, the following gentlemen were elected examiners for medical and surgical degrees during the present academical year:—First M.B. Examination: J. B. Bradbury, M.B., Downing College; and T. W. Danby, M.A., Downing College. Second M.B. Examination: The Regius Professor of Physic; Dr. Robert Liveing, Christ's College; and Dr. Drosier, Caius College. Third M.B. Examination: The Regius Professor of Physic; Dr. Paget, Caius; and Dr. Barclay, Caius. Examination for the Degree of M.C.: Professor of Anatomy; C. Brooke, M.A., St. John's College; and Mr. Savory, F.R.S. & F.R.C.S. Dr. Paget was also elected Assessor to the Regius Professor of Physic.

PUBLIC ASYLUM MEDICAL OFFICERS.

WE have received the draft of a proposed petition to Parliament with reference to the position of medical officers of public asylums. The complaint is that the Committee of Visitors should have the power of dismissing their officers at will, no right of appeal to the Secretary of State being allowed. The petitioners pray that they may have a power of appeal granted them against unjust dismissal, similar to that which a Poor-law medical officer has to the Poor-law Board. The special cause for immediate anxiety is the proposed new County Administration Bill, which delegates the administrative business of a county to mixed committees of justices of the peace and of members elected from the boards of guardians of each union. The government of the county prisons, however, is exempted from the operation of the proposed Bill. This is still to remain entirely in the

hands of the justices; and we are disposed to think that, if, as suggested in the *Journal of Mental Science*, county asylums were included in the exemption, and in that regard put on the same footing as the prisons, there would not be much cause of complaint left. It is true that if this be done, as we have reason to think it will be done, the medical officers of asylums will remain as before at the mercy of the Committee of Visitors; but we believe that the majority of them do not feel this to be much of a hardship, regarding the right of appeal to the Secretary of State as something which, if theoretically desirable, is practically needless. If it be urgently wanted, however, now is the time to agitate for it.

THE SYDENHAM DISTRICT MEDICAL SOCIETY.

THIS excellent local medical society held its annual meeting at the Crystal Palace on Wednesday evening last, when the members and honorary members—the latter comprising many of the leading metropolitan physicians and surgeons—dined together, to the number of forty, under the presidency of Dr. Wilkinson, of Sydenham. Associations like this tend much to promote good feeling and fellowship between the medical men of a district, and might be imitated with advantage in other localities.

THE REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

MR. ARCHIBALD SMITH, whose candidature we recorded last week, addressed the Aberdeen constituency on Tuesday last, and appears to have been favourably received. Both candidates have issued addresses, and both addresses indicate apathy and indifference on many important matters relating to State medicine and public health. We have again to lament the non-appearance of a medical candidate, and have to reiterate the importance of securing the return of a member who will represent the interests of the profession earnestly and faithfully in the House of Commons.

A POOR-LAW MARTYR.

DR. TIMOTHY, the medical officer of the Moorfields district of the Shoreditch Union, has just resigned his appointment. He was required to attend thirty-six people per day for the magnificent pay of 5*s.* 3½*d.*, besides having to see some ten or twelve more every evening at his surgery. In his letter of resignation he states "that he could not thank the Board for their kindness; although their intentions might be very good, they did not understand the subject;" and that his resignation was like "throwing off a martyrdom." One of the guardians stated that he believed there were many persons anxious to take the position for the same money. We regret to hear it. There must be something rotten in the state of the profession if such should be the case. After the martyrdom of Dr. Timothy, we shall look with considerable interest on the gentleman who accepts his crown.

THE EDINBURGH INFIRMARY QUESTION.

THE Edinburgh Merchant Company, trustees of George Watson's Hospital, have voted by a majority of forty-three in favour of the sale of Watson's Hospital to the Royal Infirmary. It still remains to get the consent of the subscribers to the Building Fund, and an Act of Parliament and plans of construction. The last is the great question, which, in the present state of opinion as regards hospitals and hospitalism, may well perplex the governors. We hope that some experiment will be tried in the way of constructing some of the surgical wards in a way to admit of their being easily taken down and replaced.

EPIDEMIC CHOLERA IN INDIA.

THE cholera by the last accounts does not appear to have abated its ravages in India. The epidemic was diffused over a wide tract of country, and was raging in most of the native cities and many of the military cantonments, causing considerable mortality among the natives and the European troops. We regret to learn that Dr. Dunn of the 8th Lancers has fallen a victim to the scourge.

FOOT AND MOUTH DISEASE.

WE may call attention to the interesting report (p. 589) on the above epizootic with which we have been favoured by Professor Brown, one of the inspectors of the Veterinary Department of the Privy Council.

A CHANCE.

THE Spalding guardians have been again unsuccessful in obtaining a medical officer for the vacant district of Gosberton, and they have adjourned the consideration of the matter for another month. The population of the district is stated to be 3400, the area over which it extends is 13,000 acres, and the salary is £45 per annum. Will nobody bid?

DR. RICHARDSON, being in Bradford last week, to open the course for the present session of the Philosophical Society by a lecture on the Brain, gave the medical profession in the town a demonstration of the chemical nature, the physiological action, and the therapeutical value of the hydrate of chloral, at the rooms of the Philosophical Society. Two-thirds of the profession in the town attended, and were much interested with the lecture and experimental illustrations. Dr. Richardson was heartily applauded at the close of his address. Earlier in the day he had delivered a lecture on the same topic to the profession at York, which was also largely attended.

The Times obituary of the 21st inst. records the death, at North Tawton, of Catherine Budd, in the ninety-first year of her age. It is impossible to let this brief statement pass without notice, or without one word of respectful sympathy with her distinguished family. The deceased lady was the mother of nine sons, of whom the two youngest are members of the bar, and the other seven are physicians, all of more than ordinary repute. Among these seven, Dr. Budd, late of King's College, and Dr. Budd, of Bristol, will at once occur to the minds of our readers. We trust that they may inherit their mother's longevity, and may thus be spared for many years to do good work in the interests of mankind.

DR. BATESON, medical officer of health for St. George's, Southwark, reported last week to the vestry that, in pursuance of a recommendation made by him, the guardians had provided a public mortuary far superior to the old one, but still not exactly such a one as he could have wished. The post-mortem table was of wood, instead of slate as it ought to have been; and the place generally was badly situated, being too much hemmed in, and the entrance unsuitable.

DR. THOS. DRIVER, Past-master of the lodges of St. George, Concord, and Eastern Star, at Bombay, was lately presented by the office-bearers and members of the last-named lodge with a past-master's jewel and purse, as a mark of their estimation of the services and support which he had rendered to the cause of Freemasonry and to the lodge since its formation.

MR. SANDS COX, founder of the Queen's College and the Queen's Hospital, at Birmingham, recently incorporated by an Act of Parliament, has conveyed to trustees a valuable site of ground on the Long Moor property, in the parish of King's Norton, Worcestershire, for the erection of a church to the memory of his late father, Edward Townsend Cox. The late Mr. Cox held the appointment of one of the medical officers of the Birmingham Town Infirmary for more than forty years, and discharged the duties of medical officer to the Public Dispensary, and at the barracks in the absence of the garrison surgeon, for a considerable period. The inhabitants of Balsall Heath owe to the exertions of that late eminent surgeon the church dedicated to St. Paul in that populous and increasing district.

DR. BURNS THOMSON is to give an address on Medical Missions in Large Towns, at the College, Queen-square, Guildford-street, on Tuesday evening, October 26th. Dr. Thomson is the medical superintendent of the Edinburgh Medical Infirmary Society's Training Institution, 39, Cowgate, which has the distinction of having sent out medical missionaries to Pekin, Madagascar, Calcutta, Rajpootana, and other great heathen centres. Nothing can be wiser or more fitting, in the abstract, than the association of medicine and Christianity; and no one is better entitled to speak of the practical operation of this Association than the medical superintendent of the Edinburgh Training Institution.

WE are glad to learn that the anticipations of those who were most earnest in promoting the amalgamation of the two medical schools in Birmingham still promise to be fully realised. This year thirty-four first-year's students have registered in the medical department of the Queen's College, a number which compares favourably with the entries at all except the largest metropolitan schools. Surely the example of amalgamation, which has produced such good results in Birmingham, might be followed with advantage in London.

WE hear that Mr. Lawson Tait is a candidate for the office of Pathologist to the Royal Infirmary of Edinburgh. Mr. Tait has greatly distinguished himself at Wakefield as an accomplished and successful surgeon; and, both for his own sake and for that of the Infirmary, we trust his candidature may be successful.

A MOVEMENT is on foot for presenting a testimonial to Dr. Bolton, late resident officer of the Infirmary, Newcastle-on-Tyne. We are apt to think that testimonials are overdone now-a-days; but Dr. Bolton's long and valuable services are well entitled to this recognition.

THE Middlesex Hospital has just received a most welcome and munificent donation of £1000 in aid of the general fund of the charity, from a donor whose individuality can only be guessed at by the initials D. T. S.

THE fifth session of the Leeds Philosophical and Literary Society was opened on Tuesday evening by an address from Professor Huxley on "The Ethnology of India." Dr. Heaton, President of the Society, occupied the chair.

WE understand that Dr. Buchanan, on the part of the Medical Department of the Privy Council, is engaged in the thorough investigation of the outbreak of relapsing fever in the east of London, to which attention was first called by Dr. Hermann Weber, and afterwards by Dr. Murchison.

IT is reported on good authority that her Majesty is about to establish a medical practitioner in Crathie, the inhabitants of which place have felt a great want in cases of sudden illness, the nearest medical man being nine miles away, and communication in winter being frequently cut off.

A QUARANTINE BOARD has been appointed in Jamaica, consisting of Deputy Inspector-General Dr. James Fraser, C.B.; Deputy Inspector-General Dr. James Donnet; Dr. William Steventon, Medical Superintendent of the Public Hospital; Dr. Charles Campbell; and Major Prendergville, Inspector-General of Constabulary.

THE guardians of the Chippenham Union have unanimously passed a resolution expressing their sense of the loss they have sustained by the death of their late medical officer, Dr. W. Colborne, and conveying to the widow and family their deepest sympathy. A local paper states that Dr. Colborne's death was caused by typhoid fever.

DR. WILSON FOX is in attendance upon her Majesty at Balmoral, having relieved Sir William Jenner, who has returned to his professional duties in town.

FOOT AND MOUTH DISEASE IN RELATION TO THE MEAT AND MILK SUPPLY.

DISEASES of the lower animals are not only interesting to the student of comparative pathology, they also constitute an integral part of all questions which have reference to the supply of animal food for human consumption; and it seems a singularly unfortunate circumstance that animals which furnish us with meat and other alimentary material are especially liable to the most virulent forms of disease—for example, typhus, trichiniasis, and "measles" of the pig; variola, scab, and liver rot of the sheep; cattle plague, splenic apoplexy, and foot and mouth disease of the ox.

The last-named malady has prevailed in this country since 1839, and has assumed a very virulent form at different times since its introduction. At no period, however, has its spread been more rapid than during the last few months. Since last June the reported number of attacks exceeds thirty thousand, and probably fifty thousand would be much nearer the truth. Very few counties in England have escaped; and the disease prevails on the continent even to a greater extent than it does in our own country.

Unlike most infectious diseases, foot and mouth complaint has an extensive range of affinities. Cattle, perhaps, are more susceptible to the influence of the virus; but sheep, pigs, and poultry frequently suffer severely. Its influence on the human species is at the present moment a subject of dispute, and as soon as we have carefully analysed the evidence we shall again refer to it.

Eczema, or foot and mouth complaint, belongs to the exanthemata, and is distinguished by a short period of incubation (from thirty-six to forty-eight hours); followed by a period of invasion, during which the temperature is increased from two to four degrees; and, finally, by the formation of vesicles, which vary in size from a fourpenny-piece to a florin, on the tongue, roof of the mouth, inside the lips, on the udder, and immediately above the hoofs, either between the digits or on the coronary surface and the skin of the heels, in which latter situation they are small and very numerous. The speciality of the disease is a tendency to the separation of cuticular tissues from their secreting structures: thus the epithelium of the buccal membrane is thrown off in patches; loss of hair often occurs; portions of cuticle are removed from the udder;

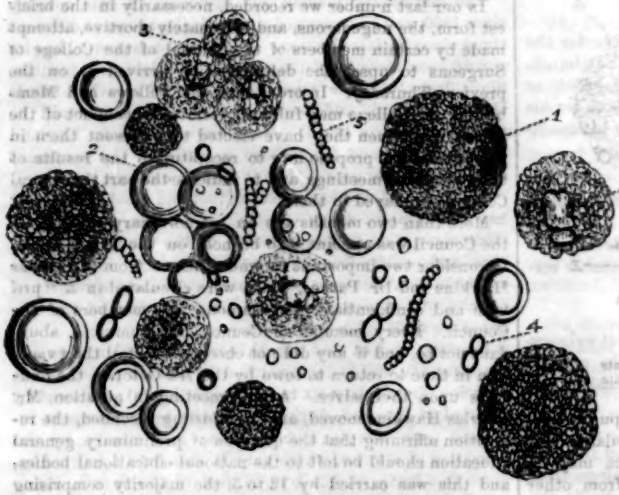
and a partial, or even in some cases complete, separation takes place between the hoofs and the internal tissues. Among diseases of cattle, foot and mouth complaint is probably the most infectious, and the remarkable rapidity of its spread is due to the facility with which it can be communicated by indirect means.

Under ordinary circumstances the morbid phenomena are not very severe in character: considerable fever is present in the early stage; but as soon as the vesicles are formed it subsides, and convalescence is established in six or seven days. When the malady assumes a virulent form, as it has frequently during the recent outbreak, the resulting lesions are more serious, consisting of ulceration of the mucous tissues of the mouth, formation of abscesses in the mammary gland and in other parts of the body, sloughing of hoofs, and extreme debility and emaciation, terminating in death. The losses in this malignant form of the disease amount sometimes to 20 per cent. of the animals attacked. The influence of foot and mouth disease upon the meat and milk supply is a question of importance to the consumer; and it must be admitted that the results of recent observations on this subject are not altogether satisfactory.

Milk from cows affected with foot and mouth disease acts energetically upon young animals to which it is given warm. Calves occasionally die quite suddenly after sucking cows affected with the malady; and fatal effects have followed the administration of the milk to young pigs. It has been alleged that there is not any direct evidence of injurious consequences arising from the consumption of the milk by human beings; but it must be remembered that the fluid is very rarely taken immediately from the cow, and still more rarely in an undiluted form; and it may be not altogether an unfortunate circumstance that the decrease of the secretion during the prevalence of the disease necessitates a large admixture of water in order to keep up the quantity which is required for daily consumption.

FIG. 2.

MILK IN FOOT AND MOUTH DISEASE. (LATER STAGE.)

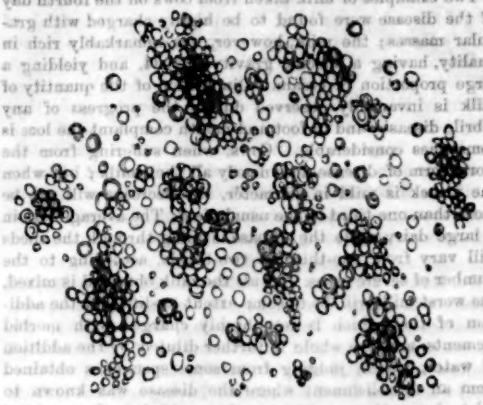


1, Large granular masses. 2, Milk-corpuscles. 3, Pus-like bodies. 4, Bacteria. 5, Vibriones. (Mag. 1300 diam.)

In the early stage of the disease the milk presents few abnormal characters: the specific gravity falls to 1024, and the milk-corpuscles are always found to be arranged in clusters, as shown in Fig. 1. A few minute moving specks are also seen under the ¼-inch objective, and these under the $\frac{1}{12}$ are resolved into bacteria and spherical bodies.

FIG. 1.

MILK IN FOOT AND MOUTH DISEASE. (EARLY STAGE.)



Clustering of milk-corpuscles. Bacteria and minute spherical bodies are scattered over the field. (Mag. 200 diam.)

When the disease is fully developed, about the third day from the first appearance of vesicles, the milk invariably contains morbid products of a very pronounced character, which are shown in Fig. 2. This specimen was taken from a cow which had been suffering from the disease for ten days. The fluid, after standing for some time, separated into two parts—a curdy deposit and an amber-coloured whey. The same elements were found in both constituents—viz., large granular masses of a brownish-yellow colour, numerous pus-like bodies, bacteria, vibriones, moving spherical bodies, and a few milk-corpuscles.

It is particularly worthy of remark that these morbid elements were found in specimens of milk which in their physical character presented no appreciable peculiarity.

In some specimens which were viewed with the micrometer eye-piece the milk-corpuscles varied in size from $\frac{1}{1000}$ to $\frac{1}{1600}$ of an inch in diameter, and the granular masses from $\frac{1}{500}$ to $\frac{1}{1000}$ of an inch. Milk from animals affected with cattle plague and also with pleuro-pneumonia was always found to contain an abundant quantity of the granular masses and pus-like bodies; and in cases of cattle plague similar elements were distinguished in the curdy exudation which existed in the mucous membrane of the mouth, pharynx, trachea, and bronchial tubes.

Examples of milk taken from animals in different stages of foot and mouth disease afforded very interesting results. At the commencement the specific gravity fell to 1024-5, and continued to range between the two numbers until the animal was convalescent, when it rose to 1026-7, which standard was not exceeded for two months after recovery.

The granular masses and pus-corpuscles decreased in number as the affection subsided; but in all the specimens examined after the animals had recovered they were found scattered here and there among the milk-corpuscles; and even in specimens which were examined a month after recovery, they were detected. The granular masses were not found in milk from the same animals two months after recovery,

but even in these specimens a few pus-like corpuscles were present.

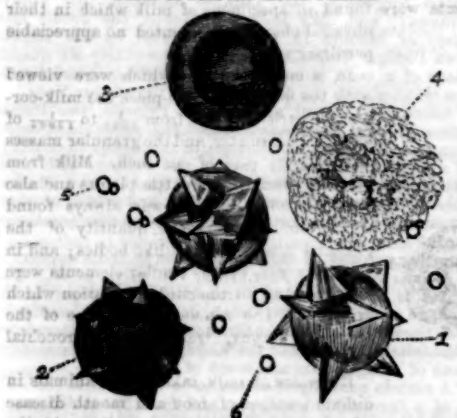
Two examples of milk taken from cows on the fourth day of the disease were found to be highly charged with granular masses; the milk, however, was remarkably rich in quality, having a specific gravity of 1034, and yielding a large proportion of cream. Diminution of the quantity of milk is invariably observed during the progress of any febrile disease; and in foot and mouth complaint the loss is sometimes considerable. Cows, when suffering from the worst form of disease, lose nearly all their milk; but when the attack is mild in character, the decrease will not be more than one-third of the usual yield. The average loss in a large dairy while the disease is going through the sheds will vary from one-third to two-thirds, according to the number of severe cases. As all the milk obtained is mixed, the worst milk will be to some extent modified by the addition of that which is less highly charged with morbid elements, and the whole is further diluted by the addition of water, which, judging from some specimens obtained from an establishment where the disease was known to exist among the cows, is sometimes added to the extent of 40 per cent.

Boiling the milk has been recommended for the purpose of preventing or lessening its injurious action; but as a matter of fact it may be stated that boiling does not alter the appearance of the morbid elements, nor does it arrest the movements of bacteria in the fluid.

No changes of a specific kind have been observed in the blood of animals affected with foot and mouth disease. The blood-discs, when examined immediately after the blood is taken, will be seen to be covered with projecting points, as shown in Fig. 3; but after a short time many of them re-

FIG. 3.

BLOOD IN FOOT AND MOUTH DISEASE.



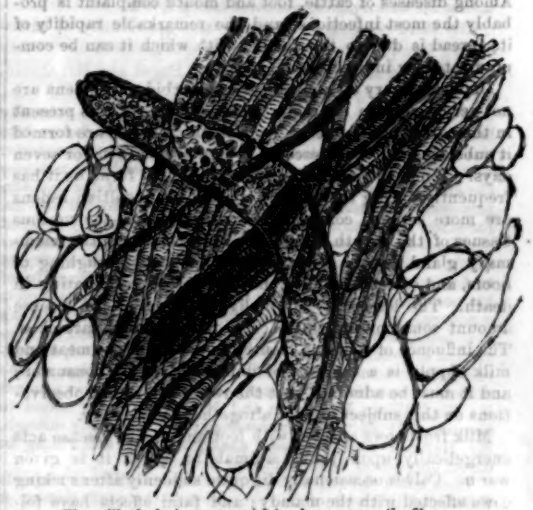
1, Red disc with projecting points. 2, Ditto, points shrinking. 3, Ditto, in the normal state. 4, White corpuscle. 5, Bacteria. (Mag. 2000 diam.)

sume the normal circular form. The white corpuscles are in excess, and there are also present minute circular bodies, which move actively; but all these phenomena may be observed in the blood of animals suffering from other diseases.

Numerous examinations of the flesh of cattle which have been destroyed while suffering from foot and mouth disease have been made at various times; but no important morbid changes have been detected. In many specimens the peculiar worm-like bodies, which were found so abundantly in the muscles of animals dead of cattle plague, have been seen; but seldom in large numbers. The illustration Fig. 4

FIG. 4.

MUSCULAR TISSUE OF HEART IN FOOT AND MOUTH DISEASE.



Worm-like body (psorosperm) lying loose among the fibres.

was taken from a preparation of the heart of an ox which had the disease in a very severe form. The meat, however, presented no indications of disease, and, considering that an enormous quantity of such meat has been consumed during the last four months, it can scarcely be imagined that the flesh of animals affected with foot and mouth complaint possesses any deleterious qualities.

THE COLLEGE OF SURGEONS.

In our last number we recorded, necessarily in the briefest form, the ungenerous, and fortunately abortive, attempt made by certain members of the Council of the College of Surgeons to upset the determination arrived at on the previous Thursday. In order that the Fellows and Members of the College may fully appreciate the conduct of the several gentlemen they have elected to represent them in the Council, we propose now to recapitulate the results of the two recent meetings, and to indicate the part the several Councillors played in them.

More than two months ago an extraordinary meeting of the Council was appointed to be held on the 7th October, to consider two important communications from Mr. Cæsar Hawkins and Dr. Parkes, which were circulated in a "private and confidential" form among the members of the Council. Every member of Council had, therefore, abundant notice, and if any did not choose to curtail their vacation in time to return to town by the 7th October, the onus rests upon themselves. At the meeting in question, Mr. Charles Hawkins moved, and Mr. Curling seconded, the resolution affirming that the question of preliminary general education should be left to the national educational bodies, and this was carried by 12 to 5, the majority comprising Messrs. T. Paget, Lane, Curling, Clark, J. Paget, Charles Hawkins, Hewett, Smith, Simon, Humphry, Holden, and Erichsen; the minority, Messrs. Solly, Quain, Hancock, Birkett, and Gay; Mr. Cock, President, not voting; and Sir William Fergusson, Messrs. Swan (since retired), South, Hilton, Busk, and Turner being absent.

The next resolution, affirming the desirability of a single examining board for each division of the United Kingdom,

was moved by Mr. Charles Hawkins and Mr. Spencer Smith, and was carried so nearly unanimously that the names of the voters for and against were not taken down.

The third resolution, affirming the desirability of introducing in any future legislation a qualification in "State Medicine," was moved by Mr. James Paget and Mr. Quain, and unanimously agreed to.

We now turn to the following week, when the minority had, by vigorous "whipping," brought all its forces into the field, and attempted, in what we can only characterise as a most unhandsome manner, to upset—without notice—the deliberate vote of the previous meeting. It does not surprise us to find that the late president, Mr. Quain, led the van, for after the manner in which he has consistently ignored every pledge he gave when re-elected in 1865, nothing less might have been expected; but we do most sincerely regret to find a man of Sir W. Fergusson's standing so forgetful of his position as to second any proposition of so objectionable a nature. It required something more than the baronet's eloquence, however, to induce those who had voted on conviction a week before to eat their own words; and, accordingly, twelve members voted for the confirmation of the minutes respecting preliminary education, and seven against it; Sir William Fergusson and Mr. Hilton being added to the minority of the previous week, and, curiously enough, Mr. Hancock and Mr. Lane changing sides, and voting in direct opposition to their former decisions!

Then came the still more momentous question as respects the vested interests of the examiners,—the confirmation of the minute affirming the desirability of a single examining board for each division of the United Kingdom; and here the same doughty champions, with Mr. Hilton to help them, only succeeded in obtaining a still more disastrous defeat. The minority was now reduced to five,—Sir W. Fergusson, and Messrs. Solly, Hilton, Quain, and Gay; the majority being increased to fourteen, and comprising Messrs. T. Paget, Lane, Hancock, Curling, Clark, J. Paget, Charles Hawkins, Hewett, Smith, Birkett, Simon, Humphry, Holden, and Erichsen.

Space will not allow of our commenting upon the part which the several recently elected Councillors took in the discussion and voting, but we may return to the subject on a future occasion. We may mention that at this same meeting, Mr. Swan's resignation of his seat on the Council was received and accepted, and that Mr. Erichsen gave notice of an important proposed alteration in the bye-laws of the College, by which meetings of the Fellows will be authorised within the College walls; which, together with Mr. Hancock's proposition for the appointment of a separate Board of Examiners in Anatomy and Physiology, will come on for discussion in November.

ON VACCINATION AS DESCRIBED IN AN ANCIENT HINDU MEDICAL WORK.

COLONEL ELLIS, of Starcross, near Exeter, has forwarded to us the following interesting notes respecting a description of vaccination which is given in an ancient Hindu medical work, the Sakteya Grantham.

In the eighth volume of the *Asiatic Journal* (page 27) part of a letter is quoted from the *Madras Courier* of Jan. 2nd, 1819, which, after a learned exposition of spasmodic cholera, collected from works in general use among Hindu medical practitioners, with the formulas of the medicines prescribed, contains the following:—

"As my examination of the Vaidya Sástras has been casual, and may never be repeated, I shall here notice a fact which will add to the many proofs of the truth of the wise man's adage, that 'there is nothing new under the sun.' It is that the inoculation for the cow-pox was known of old time to the Hindu medical writers. To substantiate this statement, it is necessary only to refer to the Sakteya Grantham, attributed to Dhanwantari, and therefore undoubtedly an ancient composition. In this work, after describing nine several species of the small-pox, of which three (one, Alábhi, being the confluent kind) are declared incurable, the author proceeds to lay down the rules for the practice of inoculation. From this part the following extracts are taken:—

"*Translation.*

"'Take the fluid of the pock on the udder of a cow, or on the arm between the shoulder and elbow of a human subject, on the point of a lancet, and lance with it the arm between the shoulder and elbow until the blood appears; then, mixing the fluid with the blood, the fever of the small-pox will be produced.

"'The small-pox produced by the fluid from the udder of a cow (Góstany odakum) will be of the same gentle nature as the original disease, not attended by fear, not requiring medicine. The diet may be according to the pleasure of the patient, who may be inoculated once only, or two, three, four, five, or six times. The pock, when perfect, should be of a good colour, filled with a clear liquid, and surrounded by a circle of red; there will then be no fear of the small-pox as long as life endures. When inoculated with the fluid from the udder of a cow, some will have a slight fever for one, two, or three days, and with the fever there will sometimes be a slight cold fit; the fever will also be attended by a round swelling in the armpits and the other symptoms of the small-pox, but all of a very mild nature. There will be no danger, and the whole will disappear in three days.'"

Colonel Ellis gives the following account of Dhanwantari:—

"According to the Hari-vansa Purána, Dhanwantari, styled the Physician of the Devatas, and Ab-já, from *Ab*, the Persian for water, and *já*, the Sanskrit for birth—one of the fourteen miraculous gems said to have been produced by the fabulous churning of the ocean,—was the adopted son of Dirgha Tapasa, meaning long penance, the son of Kási Ráj of Kási, Benáres, who, having succeeded to the estate and practice of his adoptive father, became eminent in that city alike as an able manager and skilful physician.

"Besides the 'Sakteya Grantham,' a work in which very precise rules for vaccination are laid down, as per annexed extract, he is said to have been the author of the 'Dhanwantari Nirghanta,' the 'Chikitsa Kaumadi,' the 'Vaidya Sarvaswa;' and, like Robert di Nobili, the Jesuit missionary of Madura in A.D. 1605, styled by the Hindus Tatwa Podágar Swámi, or Master of the ninety-six qualifications of a sage, is connected in some vague and mysterious manner with the composition of the 'Yajur Veda.'

"Emmanuel Timoni, and Jacques Pylarini, two Italian doctors, are said to have introduced the principle of inoculation from Circassia into Europe, in the sixteenth century; and a comparison of their travels and writings with those of the mystified Dhanwantari would tend to show whether either had borrowed from the other, and which of them first practised this important discovery, but now questioned benefit."

Another account of early inoculation in India appears in the *Asiatic Journal* of July, 1827, vol. xxiv., p. 69. The account is in the form of a translation of a paper in the language of Orissa, called Odiah, describing the manner in which the inhabitants of the Chicacole district are inoculated by the Odiah Brahmans of the Kimdy and Teckaly countries (north of Vizagapatam and south of Gamjam):—

"A certain quantity of cotton to be wetted with the matter of a favourable small-pox, and from 200 to 400 people assembled on Sunday and Thursday. A cut to be given on their arms with an instrument. The above cotton, together with a quantity of rice, to be put in water. After the rice is properly wet and softened, about six or seven grains, well mixed with jagry, to be given to each person, and the wound on his arm covered with a small quantity of the above cotton; after which they are to be washed, either in a tank, well, or river, and immediately afterwards *turnaai*, or some water and rice, with butter-milk, to be given them for their food. After they are thus washed four or five different times every day, they get fever thereby,* and the small-pox begins to appear. They are then to eat pussaloo, grain, rice, with butter-milk, whenever they wish for it. After the small-pox becomes ripe and broken, they are to live upon the following diet—viz., rice and curries of different grains, such as *beerkoy* and *putlacoy*; about four days after

* It is not to be inferred that the fever comes on in three days."—ED. L. J.

which oil and turmeric mixed together are to be rubbed over their bodies, and they are to be washed."

It is believed that this paper was transmitted to Madras, by the then collector of Chicacole (Mr. Andrew Scott), long before vaccination was introduced into India.

The following sources of information are referred to by Colonel Ellis:—French translation of the Hari-vansa Puráña, by M. A. Langlois, p. 128; Ward's History of the Hindus, 1820, vol. iv., p. 341; Wilson's Mackenzie Collection, vol. ii., p. 63; Royle on the Antiquity of Hindu Medicine, p. 57; Cretineau Joly's History of the Jesuits, vol. iii., p. 197; Dictionnaire Historique, Paris, 1812; art. "Timoni and Simoni," apparently the same person.

Colonel Ellis asks—"What is the date of the earliest copy extant of Dhanwantari's works, and what account is given by Mahummadan writers regarding the discovery of vaccination? Was Robert di Nobili acquainted with inoculation as practised by Timoni (or Simoni) and Pylarini, and was he ever at Benares?"

Correspondence.

"Audi alteram partem."

EXAMINATIONS AT THE BEDSIDE.

To the Editor of THE LANCET.

SIR,—Will you allow me to correct an error into which I was inadvertently led when I stated in my "Vindication of the Medical Council," published in the October number of the *Edinburgh Medical Journal*, that the Apothecaries' Company of London had not as yet adopted clinical examinations. Since my remarks were printed I have received a letter from Mr. Cooper, the representative of the Apothecaries' Company in the Medical Council, informing me that that body have instituted clinical examinations, and that they are now universally applied to their candidates. It is right that this should be generally known, both in justice to the Apothecaries' Company, and also as in your leading article on my "vindication," (to which for the present I do not further allude), you have made a point against the Medical Council regarding this very matter.

I am, Sir, your obedient servant,

Edinburgh, 16th Oct., 1869. ANDREW WOOD, M.D.

*** The Apothecaries' Company should publish a little more explicitly the fact that they examine students *clinically*. It does not appear from the regulations published in the Students' Number of THE LANCET. We are informed that such examinations were commenced in 1867. We are glad to learn that at the recent examinations held by the Queen's University in Ireland, and by the Dublin Apothecaries' Hall, the candidates were tested at the bedside of patients. We shall not debate with Dr. Wood how much of these changes is due to the influence of the Medical Council, and how much to that of public opinion; but we rejoice at the results.

CRITICISM ON DR. CROMBIE'S RATIONALE OF THE DECUSSATION OF NERVE-FIBRES IN THE CEREBRO-SPINAL AXIS.*

To the Editor of THE LANCET.

SIR,—The following are a few only of the objections which might be raised to the *rationale* proposed; they are sufficient to ensure its rejection.

1. Supposing the *rationale* to be open to no other objection, it is not a real explanation. All that is attempted is to show some functional purpose supposed to be served by the decussation, and a merely teleological explanation falls far short of the requirements of science.

2. The *rationale* is applicable only to a very small proportion of the phenomena which ought to come under it. Supposing the alternate movements of the legs to be accounted for, or facilitated in the way suggested, there remains the case of the arms, in which the decussation exists, but in which no evidence of the assigned effects is traceable, either in early infancy or in later life, and in which, indeed, such effects would be productive of great inconvenience. Again, what is to be said of the rabbit, frog, and other animals, whose locomotion is mainly bilateral? It would seem, too, that after division of the spinal cord, a reflex movement started in one leg would propagate itself to the other; this would return the impulse, and thus an indefinite series of alternating actions would result. This is not what we see.

3. The hypothesis involves a number of assumptions entirely unsupported by proof. (a) That fibres of the posterior nerve-roots are distributed to the muscles. (b) That such fibres will be excited by the contraction of the muscles. (c) That for the sake of these few fibres, which must be in extremely small proportion to the mass of sensory fibres from the skin, these last, which have not the same occasion for crossing, also decussate.

I am, Sir, your obedient servant,

Seymour-street, Oct. 18th, 1869. W. H. BROADBENT, M.D.

* See THE LANCET of Oct. 9th.

THE GLASGOW CHAIR OF SURGERY.

To the Editor of THE LANCET.

SIR,—IN THE LANCET of Saturday last you took occasion to remark upon the recent election to the Chair of Surgery in the Glasgow University, and to refer to the various candidates for the chair.

It was matter of gratification to the profession that men of standing from amongst our local practitioners could be found worthily to fill the high position; and your remarks on the qualifications of the successful candidate, Dr. Macleod, and on those of Dr. George Buchanan, whom you described as the other candidate, were judicious, and your compliments to both deserved.

You have, however, probably unintentionally, omitted to notice that another and a not less distinguished surgeon was among the candidates: I refer to Dr. Eben. Watson, of this city, whose success as an aspirant to the chair was amongst many believed to be assured.

Dr. Watson, as a distinguished surgeon and a writer, fills a high place amongst his professional brethren, and would, if chosen to the professorship in the College, have shed a lustre on the chair not less brilliant than that of any of the other candidates.

Taking an interest as I did in the election, I think it right to call your attention to the omission of Dr. Watson's name, although it be that of an unsuccessful candidate.

Success could only wait on one, and where qualifications are nicely balanced, as on the late occasion, non-success is no discredit.

I am, Sir, your obedient servant,

Glasgow, Oct. 19th, 1869. MEDICUS.

*** We had no intention whatever of ignoring the merits of any of the candidates who came forward for the Chair of Surgery. Dr. Eben. Watson's qualifications as a surgeon and a writer are undoubted, and we cordially wish him at some future time all the success these deserve.

NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—You are doubtless aware that naval officers returning from foreign service are, by a wise and considerate Admiralty order, allowed full-pay leave, according to a certain scale. Assistant-surgeons are not excepted, and consequently they hope to enjoy its benefits; but with them the order has been pretty systematically evaded. In lieu of full-pay leave, they have most commonly been appointed for a short time to a home ship, and thus, being comparatively well off, have accepted the compromise. Now a new light has dawned on the Admiralty; they say that assistant-surgeons who have served in foreign hospitals are not entitled to full-pay leave, and this, too, when the whole service knows that the hospital assistant has much more

work than the one serving on board. You will see that that is a grievance—real, not fanciful. Please to do what you can to get the anomaly removed.

I am, Sir, your obedient servant,

AN ASSISTANT-SURGEON.

NEW STUDENTS.

WE learn from official sources that the number of entries at the different schools up to the present time is pretty much as stated in our columns last week. Guy's still figures at the head of the list, with 97 new entries; of these, 15 belong to the summer session. St. Bartholomew's stands next, with 90 entries "for the current year;" and within the past week there have been 8 additions to the University College alumni, making altogether 83 entries at that school, or only 7 less than at St. Bartholomew's. The return from the London Hospital gives 29 new students—about the same as at King's; that from Middlesex, 22; St. Thomas's, 30; Westminster, 12. The numbers at St. George's, St. Mary's, and Charing-cross have not undergone any alteration, as far as we are informed, since our last notice.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

SENATOR NÉLATON AND THE MICROSCOPISTS.

THE question of "Senator Nélaton and the microscopists," or of clinique *versus* the microscope, has broken out afresh in the columns of *La Gazette Hebdomadaire*. The celebrated surgeon has not answered the challenge to do battle which was addressed to him by M. Verneuil in the journal I have mentioned, and an outline of which I gave you in one of my recent chronicles; but he has met with a warm defender. A friend of his, and, like him, a former disciple of Dupuytren,—no less a personage, indeed, than M. Diday, the well-known syphilographer, of Lyons, has come into the field, and sent some grape-shot into the camp of the microscopists. M. Diday's has the more merit as it is quite personal and spontaneous, and has been written without the knowledge of Nélaton. The same number of the *Gazette* contains M. Diday's attack, and M. Verneuil's rejoinder. I have read both with considerable gusto. Besides their intrinsic interest, they are so thoroughly French, do you see; racy, light, with a strong dash of sarcasm, and a goodly sprinkling of hits and inuendoes, couched in those smooth and kindly terms which they call here *patte de velours*. For, mark you, MM. Diday and Verneuil are great friends, and whilst doing war on the merits and demerits of the microscope, proclaim the warmth and sincerity of their reciprocal kindliness.

"What," exclaims M. Diday (this is a free translation), "shall I suffer *poor* Nélaton to be demolished in that way, because he has written a few lines in the album of that most alluring of females, the Press? You, yourself, Verneuil, are too gallant, I know, not to have sacrificed more than once to the request of a lady, accompanied by the sweetest of smiles, and saying, 'Doctor, just one line in my album.' Why should you then tease Nélaton? He does not speak often, 'tis true, but through his reticence he has put you in the way of speaking, you know; neither does he write often, but is not this a good example to many of us? Of course you are quite right to advocate the value of the microscope, and to say that it enables us to see with eyes a hundred times more powerful. But what I deplore is that one neglects sometimes to reduce his sight afterwards to its normal dimensions, and that the use of the lens, which increases sight a hundredfold, too often induces one to claim for it an immeasurable part in the solution of medical problems. However admirably they may be served, senses are, after all, but a mere instrument. Mind you, I do not say that I refuse the aid of the microscope. You might well be tempted to say it—you, my dear and insinuating colleague, who lend to Nélaton the idea of rejecting experimental physiology, ancient and contemporary erudition, the numerical method, the light afforded by the physico-chemical sciences, &c. What I reject is the intrusion of the microscope into the pinnacle of a science which has been formed, and is still practised, without its aid; it is the nauseous vacuity of the literature which it inspires; the frequently absolute inanity of the solutions which it pretends to be alone able to give; and, above all, the errors into which it causes us to fall when we accept its dicta without reserve. These are not vain assertions. Shall I adduce a few facts? I will not relate your own misadventures, my dear Verneuil, in that great cancer discussion at the Academy, when all the micrographers made such a mess about the cancer cellule. No, I shall take up your own examples. The microscope, you say, is indispensable in leucocythæmia and spermatorrhœa. Now listen to this anecdote:—

"A few years ago, whilst writing out the history of Urethrorrhœa, I wished to know precisely whether the urethral secretion of some of my patients contained pus or not. I therefore asked a friend of mine—one whose experience and authority you will not question, our friend Ollier—to examine with the microscope the specimens which I gave him, when every specimen which he examined was declared to contain pus-cellules; and so, even when (with some malice, I confess) I gave him specimens of only simple mucus. On expressing my surprise, he said, 'You should really not be astonished, because if you were to present me your tongue, which is so healthy and rosy, on scraping it somewhat I should be sure to find the same cellules.'

"Take another example. A young man, suffering from nervous disease, and, as such, constipated and continent, consults me because he suggests he has spermatorrhœa. The fact is, that there is no nocturnal emission, but only an exudation of prostatic liquid on defecation. I explain things, and I send off the man soothed and quieted. He goes and consults some other doctor, who discovers only the tail of a spermatozoid, cries out that the patient has spermatorrhœa, and sends him back in the greatest distress of mind.

"I conclude with a third example. Kuss, on mere theoretical views, based on microscopical researches, says that mercury acts upon epithelial forms of syphilis, whilst the lesions of the conjunctival tissue appertain to the action of iodide of potassium. Now, here is an indurated chancre; I give mercury, and it heals in the space of a few weeks. Shall I, to please M. Kuss, or his mightiness the microscope, go and administer iodide of potassium, which will exert no action upon the morbid alteration? Take another case: A young woman, who has had, six or seven weeks ago, a chancre, followed by no other objective phenomenon, suffers during the night of intense headache; mercury would cure this, but after a length of time, I administer a gramme of the iodide, and that very day she has some sleep. Do you think I would hesitate between the two methods? Not I. What would you do, Verneuil? I should be happy to know. And I think it is time that such a man as you understood the necessity of bringing about an agreement, by some happy concessions, between the two great, the only two powers of our day: the eye armed with the microscope, and the eye armed with induction."

Such is a free translation, or, perhaps I should rather say, a correct arrangement, of M. Diday's philippic against the microscope. I have transcribed it throughout on account of its originality, and because it contains some good arguments against an absorbing tendency of the day. As you see, the syphilographer of Lyons is going in hard against the lens.

And now, shall I reproduce likewise M. Verneuil's rejoinder? It would be only fair, but I scarcely think it is necessary. M. Verneuil *avait la part belle*, as they have it here, in replying to this *sortie*? Who thinks of denying the value and the benefit of the microscope? And, as M. Verneuil wittily writes, "Are there really systematic detractors of the microscope? Am I to reckon as many as two? And must I recognise you, Diday, as the second?" (Number one being, of course, M. Nélaton.) It was easy to show that, if the microscope has as yet afforded no certain results with respect to cancer, it has thrown intense light on the character and etiology of a hundred morbid growths, and has rendered services which it would take too

long to enumerate. M. Verneuil has accomplished this task in a most able manner, and his vindication of the lens deserves to be read. It is, besides, an elegant and spirited piece of writing, which affords both interest and pleasure. Neither has he forgotten to parry all his adversary's thrusts, and to send in some goodly shafts in return—to demonstrate that the *tail* of a spermatozoid is no great proof; to assume that the pus-cellules detected by Ollier *were* pus-cellules; to point out that the action of iodide in the syphilitic headache referred to may be rationally and *microscopically* explained, it being in that case the result of a conjunctival proliferation of the periosteum, &c. If anything, his answer is too long. As I have already said, Who really thinks of impugning the microscope? M. Diday, like M. Nélaton, only condemns the abuse of the thing, and the pretensions of those who use it, particularly in connexion with the neglect into which it throws purely clinical surgery. There is much to be said from this latter point of view, but I cannot help thinking that it has not been said. M. Verneuil, of course, defends the microscope, and glorifies it, without admitting its blemishes or shortcomings, and without recognising, moreover, that some evil may accrue to clinical medicine, if not on account of the very imperfections of the instrument, at least, and more truly, on account of the faulty reasoning or too exclusive enthusiasm of those who now handle it. M. Nélaton has spoken of a *faux semblant* of science in alluding to the microscope. This is only a limited view of the question. M. Diday's accusations are wholesale and sweeping, more full of witty hits than of cogent arguments. The microscope has rendered, and will render, inestimable services. It must, therefore, be kept as a most useful instrument in the hands of the physician, and an invaluable aid to clinical medicine; but only as an aid, for how can a question of supremacy be started between the two things? Yet it is urgent that a reaction be now made, from a purely practical point of view, in favour of the assiduous and careful culture of bedside study, particularly as regards surgery, and at least as far as this country is concerned.

Paris, October 19th, 1869.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting on the 18th inst. the following gentlemen were duly admitted Fellows of the College:—

Broadbent, William Henry, M.D., Seymour-st., W.
Wilkinson, Matt. Alex. Esson, M.D., Lever-st., Manchester.

The following gentlemen, having conformed to the bye-laws and regulations, and passed the required examinations, had licences granted them to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Anningson, Joseph William, St. James's-st., Burnley.
Cuffe, Alfred Gordon, University College Hospital.
Elphick, Edward, Guy's Hospital.
M'Niece, Henry, Carshalton.
Moor, Alfred, Tranquil-vale, Blackheath.
Pern, Alfred, Botley, Southampton.
Powell, Llewellyn, Cloudesley-st., N.
Scatchard, Thomas Edward, Boston Spa, York.
Wall, Alfred John, Bessborough-st., S.W.
Whitmore, William Beach, King's College Hospital.

The following candidate, having passed in Medicine and Midwifery, will receive the College Licence on obtaining a qualification in Surgery recognised by the College:—

Smart, David, St. Bartholomew's Hospital.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 14th:—

Fox, Hugh Courtenay, Stoke Newington.
Plaxton, Joseph William, Hull.
Price, William, Bonvilstone, near Cardiff.
Thorpe, George Elisha Knight, Sheffield.

As Assistant in Compounding and Dispensing Medicines:—

Gillet, Daniel, Liverpool.

The following gentleman also on the same day passed his first professional examination:—

Holroyd, William Stephen, St. George's Hospital.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the Royal College of Surgeons of Edinburgh, on the 20th inst., the following office-bearers were elected for the ensuing year:—President: James D. Gillespie, M.D. Treasurer: John Gairdner, M.D. Librarian: Archibald Inglis, M.D. Secretary: James Simson, M.D. President's Council: James S. Coombe, M.D., Andrew Wood, M.D., James Dunsmure, M.D., James Spence, James A. Hunter, M.D., Henry D. Littlejohn, M.D., John Gairdner, M.D. (ex officio). Examiners: W. Dumbreck, M.D., A. Inglis, M.D., R. Ormond, M.D., J. Dunsmure, M.D., P. D. Handyside, M.D., J. D. Gillespie, M.D., H. D. Littlejohn, M.D., Patrick H. Watson, M.D., D. Wilson, M.D., J. Smith, M.D., D. M. C. L. Argyll-Robertson, M.D., J. Bell, M.D. Assessors to Examiners: J. S. Combe, M.D., W. Brown, A. Hunter, M.D., J. Spence. Officer: J. Dickie.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The first meeting of this Society for the present session took place at the Royal Kent Dispensary on Wednesday evening, Oct. 13th, Dr. Prior Purvis in the chair. Dr. Fegan, of Charlton, and Messrs. H. W. Sturton and Francis J. Eyder were unanimously elected members. The following gentlemen were elected to fill the various offices:—President: Dr. Prior Purvis.—Vice-Presidents: Drs. John C. Thorowgood and Edward Clapton.—Council: Dr. John Anderson, Mr. J. M. Burton, Dr. William Carr, Dr. Ralph Gooding, Mr. William Lockhart, Mr. Charles Nind, Mr. Robert Venables.—Treasurer: Dr. Prior Purvis.—Secretary: Mr. Arthur Roper.—Librarian: Mr. John P. Purvis. The President having delivered the inaugural address, a discussion followed, in which Dr. William Carr, Dr. Ralph Gooding, and Mr. Lockhart took part. Dr. Ralph Gooding showed a specimen of Aneurism of the Arch of the Aorta, which gave rise to no symptoms during life, but suddenly caused death by bursting into the substance of the left lung. A vote of thanks being accorded to the President, the Society adjourned.

A VINDICATION.—On Wednesday evening, a meeting was held, at the George Inn, Turner's Hill, for the purpose of presenting an address to Mr. John Beaumont, surgeon, of Crossbrook-street, whose moral character had been impugned in certain proceedings taken against him in the Divorce Court. The address, which was signed by the rector (the Rev. J. G. Faithfull), by seven resident medical men, and by the leading inhabitants of the place, congratulated Mr. Beaumont on the successful termination in his favour of the cause of "Barnes *v.* Barnes and Beaumont," and then went on to say,—"We have always regarded you as entirely innocent of the crime imputed, and consider you entitled to the highest praise for the bold and energetic measures you adopted to vindicate your moral character, not only for the satisfaction of yourself and friends, but also upon public principle, as none are safe from such charges, so easily made, and yet so difficult to disprove. We also beg to offer our utmost sympathy for the trouble, anxiety, and expense which have been imposed upon you, and to assure you of our continued sentiments of confidence and esteem."

PREVALENCE OF MEASLES IN THE MINING DISTRICTS OF DURHAM.—At a late meeting of the local Board of Health, at Consett, the medical officer, Dr. W. M. Renton, reported that measles had, during the last quarter, overrun the district, upwards of four hundred cases having occurred, only one of which proved fatal.

THE inhabitants of the town of Aylesbury are perplexed just now with the not uncommon difficulties attending a satisfactory disposal of sewage. The local board of health has consulted Mr. Bailey Denton, who proposes irrigation as the solution of the question, but a very strong feeling of opposition has been created on the ground of the unsuitability of the locality indicated by Mr. Denton for irrigation, which, it is also alleged, is in objectionable proximity to the Infirmary, and to the town itself.

SCARLET FEVER seems to have been even more fatal last week in Liverpool than in London; in Hull it was equally fatal as in London, and it is also prevalent in Newcastle, Sheffield, and Leeds. The disease has also shown itself at Bristol.

THE Bunhill Fields burial-ground, which was set apart by the City Corporation 200 years ago as a place of interment, and within whose area so many notable persons have been buried, has now (after having ceased for seventeen years to be used as a cemetery) been converted into a place of public, but strictly peaceful, recreation. The Cor-

poration has expended a considerable sum of money in laying out the ground ornamentally, and planting it with trees and flowers; and its formal dedication to the use of the public has been made by the Lord Mayor in full civic state.

A FATAL case of yellow fever occurred on board one of the ships of the Flying Squadron, under the command of Rear-Admiral Hornby, a few days after leaving Rio de Janeiro for Monte Video. The contagion was arrested by the energy of the medical officers, aided by the coldness of the weather, and no other cases were apprehended. The squadron left Monte Video on the 14th September for the Cape of Good Hope.

MR. HUGH STOTT, M.R.C.S.—The death of this gentleman took place at the Royal Kent Dispensary, Greenwich on the 5th instant, from phthisis, at the age of forty-nine years, leaving a widow and ten children, the youngest under a month old. For many years Mr. Stott practised at Lewisham, holding the office of surgeon to the Lewisham Union, and was much respected. His death creates a vacancy in the Royal Kent Dispensary, of which he had been the resident medical officer for about seven months.

Medical Appointments.

ANNIss, W. J., L.F.P. & S. Glas., has been appointed Medical Officer for the Clowance and St. John District of Stoke Damerel Parish, Devonshire, vice J. E. Bennett, M.D.

ARMISTEAD, W., M.B., has been appointed Medical Officer for the Burton District of the Kendal Union, Westmoreland, vice H. Evison, M.R.C.S.E., resigned.

BEDDOE, J., M.B., has been elected President of the Anthropological Society of London.

BRADFORD, B. M., M.R.C.S.E., has been elected Medical Officer for District No. 3 of the Ross Union, Herefordshire, vice W. S. Rootes, M.D., resigned.

CLAPCOTT, J. J., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Cerne Union, Dorsetshire.

CLAPTON, E., M.D., has been appointed by the Court of Quarter Sessions for Surrey Visiting Physician of Private Houses for the reception of Lunatics.

COLLAMBELL, C., F.R.C.S.E., has been appointed by the Court of Quarter Sessions for Surrey a Visitor for Private Houses for the reception of Lunatics.

COOKE, E. J., M.B., M.A., has been appointed House-Surgeon to the Dispensary, Worksop, Nottinghamshire, vice G. Fisher, M.R.C.S.E., whose appointment has expired.

DRUMMOND, E., M.D., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Oldham Union, vice W. Kershaw, M.D., deceased.

JONES, Dr. E., has been appointed Physician to the Dispensary, Malton, Yorkshire, vice J. J. Wright, M.D., deceased.

KERSHAW, J., L.R.C.P., L.S.A., &c., has been appointed Certifying Factory Surgeon for the Royton District, Lancashire, vice W. Kershaw, deceased.

LAW, R., M.D., has been reappointed King's Professor of the Institutes of Medicine in the King and Queen's College of Physicians in Ireland, his term of office having expired.

MARR, J., L.R.C.P.E., has been appointed Medical Officer and Public Vaccinator for the Ponteland District and the Workhouse of the Castle Ward Union, Northumberland, vice J. F. W. Tatham, L.R.C.P.Ed., appointed Junior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

PEACOCK, H., M.R.C.P.L., has been appointed Assistant-Physician to the Gloucester General Infirmary, vice Wm. Bishop Cooke, M.D., deceased.

POLE, A., M.D., has been appointed Medical Officer and Public Vaccinator for the Whalton District of the Castle Ward Union, Northumberland, vice J. F. W. Tatham, L.R.C.P.Ed., appointed Junior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

RICKETTS, J., L.R.C.P.Ed., has been appointed Medical Officer for the Rainford District of the Prescot Union, Lancashire, vice G. Tobin, M.R.C.S.E.

SUFFLE, R. H., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Collon Dispensary District of the Ardee Union, Co. Louth, vice J. E. Turner, L.R.C.P.Ed., resigned.

TATHAM, J. F. W., L.R.C.P.Ed., has been appointed Junior House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

TISARD, H., M.D., has been appointed a Justice of the Peace for the Borough of Weymouth.

TURNER, J. E., L.R.C.P.Ed., has been appointed Medical Officer for the Cong Dispensary District of the Ballinrobe Union, Co. Mayo.

WADE, C., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Axbridge Union, Somersetshire, vice W. H. Plaister, M.R.C.S.E., resigned.

WHITELEY, G. F., M.R.C.S.E., has been appointed by the Court of Quarter Sessions for Surrey a Visitor of Private Houses for the reception of Lunatics.

WHITING, H., M.R.C.S., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Haslemere District of the Hambledon Union, vice Hammond, resigned.

WILLIS, J., M.R.C.S.E., has been appointed Resident House-Surgeon to the Great Northern Hospital, Caledonian-road, vice P. Hopgood, M.R.C.S.E., resigned.

WOODS, Dr. W., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Scotstown Dispensary District of the Monaghan Union, vice S. H. Harris, L.K.Q.C.P.I., resigned.

Births, Marriages, and Deaths.

BIRTHS.

ANDERSON.—On the 18th inst., at Park-terrace, Glasgow, the wife of T. MacCall Anderson, M.D., of a daughter.

ARCHDALL.—On the 18th ult., at Madras, the wife of T. G. Archdall, L.R.C.P.Ed., Assistant-Surgeon Madras Service, of a son.

AITKEN.—On the 14th inst., at Woodlands, Milngaire, the wife of J. Aitken, M.D., of a son.

FOLEY.—On the 9th inst., at Killeagh, the wife of Dr. Foley, of a son.

HUBERT.—On the 9th inst., at Billingshurst, Sussex, the wife of T. K. Hubert, M.D., of a son.

KNOX.—On the 9th inst., at Bakewell, the wife of John Knox, M.D., of a son.

MACFADIN.—On the 13th inst., at Bushfield-terrace, Dublin, the wife of F. H. MacFadin, L.K.Q.C.P.I., Surgeon 83rd Regiment, of a son.

MARRIAGES.

ANGOVE—OLDHAM.—On the 20th inst., at St. John's, Hackney, Edward Scudamore Angove, M.R.C.S.E., &c., eldest son of Thos. Angove, Esq., of Mount Pleasant, Camborne, Cornwall, to Constance Marion, second daughter of Benjamin Oldham, Esq., of Lower Clapton.

FOWLER—M'NAB.—On the 14th inst., at Epping, Trevor Fowler, L.K.Q.C.P.I., to Annie Stuart, daughter of D. R. M'Nab, M.R.C.S.E.

MOORE—ROGERSON.—On the 20th inst., at the Parish Church, Leeds, Daniel Moore, M.D., F.L.S., of Lancaster, to Annie, eldest daughter of the late Edward Rogerson, Esq., of Woodlesford, Yorkshire.

DEATHS.

ADAMSON.—On the 11th inst., Dr. W. Adamson, of Marnoch, Banffshire, aged 75.

BELL.—At Peshawur, India, Arthur Bell, M.R.C.S.E., Surgeon 36th Regt., aged 41.

CHEEK.—On the 16th inst., at The Grove, Upper Norwood, G. N. Cheek, M.R.C.S.E., Surgeon Bengal Service, aged 37.

HUMPHRIES.—On the 9th of July, at Taranaki, New Zealand, E. L. Humphries, M.R.C.S.E., formerly of the Kingsland-road, aged 53.

M'KINNEL.—On the 9th inst., at M'Murdostown, Dumfriesshire, John M'Kinnel, M.D., late Assistant-Surgeon H.M.'s 73rd Regiment.

ROPES.—On the 15th ult., at Boston, U.S., Francis C. Ropes, M.D.

SWENY.—On the 4th inst., Mark Sweny, L.A.H. Dub., of Lincoln-place, Merrion-square, Dublin, aged 53.

VINALL.—On the 16th inst., at Chelsea, Chas. Vinall, M.D., late of Birling, Kent, aged 73.

BOOKS ETC. RECEIVED.

Dr. Ellis on the Diseases of Children.
Dr. Tanner's Clinical Medicine.
Dr. W. Legg: a Guide to the Examination of the Urine.
Mr. C. M. Bradley's Manual of Comparative Anatomy and Physiology.
Mr. H. Leach: the Ship-Captain's Medical Guide.
Dr. Dragendorff: Die Gerichtlich-Chemische Ermittelung.
Messrs. Harcourt and Madon's Practical Chemistry.
Natural History of the Three Kingdoms.
Rev. Dr. Haughton's Natural Philosophy popularly explained.
Report of the Metropolitan Board of Health. (New York, 1868.)
The Popular Science Review.
British Journal of Dental Science.
The Australian Medical Journal.
&c. &c. &c.

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Medical Diary of the Week.

Monday, Oct. 25.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Marshall, "On a Case of Hydatidiform Mole," with Specimen.—Mr. Haynes Walton, "On a Case of Dislocation of the Humerus, with Fracture."—Dr. B. W. Richardson: "Thermometrical Readings on Animal Heat."

Tuesday, Oct. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

Wednesday, Oct. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
HUNTERIAN SOCIETY.—8 P.M. Dr. Beigel, "On Chorea."

Thursday, Oct. 28.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 29.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Oct. 30.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

HOSPITAL CONVALESCENTS.

ABOUT two years since, at the instance of the Order of St. John of Jerusalem, or of the Knights Hospitallers of that Brotherhood, the Sisterhood of St. John's House undertook the duty of a daily distribution of food to certain out-patients of King's College and Charing-cross Hospitals, on the recommendation of the medical officers. Care was taken that the recipients were deserving of the charity thus bestowed upon them. This good work—and those who knew what food can do for most out-patients will know that its value cannot be over-estimated—has been continued up to the present time. From a Report of the Almoner of St. John, we learn that during the past year the number of convalescents to whom nourishing diets have been issued is 309; the total diets amounting to 3094, or on an average of twelve days' rations to each person. An idea of the kind of nourishment afforded may be gleaned from the statement that the number of chops distributed was 2530; the pints of porter, 2567; the ounces of wine, 3623. The medical officers of the two hospitals above named have expressed themselves as satisfied that, without the relief afforded, many of the patients would not make the recovery they do. Dr. Julius Pollock very truly observes, in regard to the exhibition of tonics, that it is a mockery to create an appetite in a poor creature who has not the means of satisfying it. What we desire is, that the Order may have sufficient funds at its disposal to enlarge the sphere of its operations in regard to the administration of material relief to half-starved convalescents. Our readers may remember that we recently spoke of the benefits which had been observed to follow the issue of diet tickets at University College Hospital, where the medical officers have power to order daily dinners for adults, milk for children, &c., the expenses of which are defrayed out of a special fund left for the purpose, and the plan is so sensible and good that it will be a wonder if its adoption do not become more general.

Mr. H. Bean should apply to the Registrar personally, with copies of his diplomas, or if by letter send a written statement of them. The Registrar may require in the latter case proof of individuality by an affidavit before a magistrate.

Dr. Garrett, (Hastings)—Yes, as condensed as possible.

THE CHINESE FOOT.

WHOEVER may claim the honour of having set the fashion amongst the Chinese ladies of small feet seems to have taken care that no intruders should enjoy too frequent opportunity of examining the deformity. It is, indeed, a most difficult matter to obtain a sight of it. Dr. Dudgeon, in his account of the work of the Peking Hospital in 1868, gives some interesting particulars, however, relative to a case which fell under his notice, and of the mode in which the small foot is produced. The origin of the custom of cramping the feet is ascribed by some to the wish on the part of courtiers to resemble a certain popular but club-footed Empress; and by others to the freak of one of the concubines of the last Prince of the latter Tang dynasty, A.D. 934, who, by means of bandages, compressed her feet into the shape of the new moon. The term "golden lilies" has been used poetically for these small feet, and originated in this way: The Emperor Chen-hen-chu had a palace floor adorned with lilies figured in gold, and seeing his favourite concubine, P'an Fei, walking upon them, remarked, "Every step produces a lily." The Chinese commence to produce the deformity about the age of six or seven years. The feet are carefully bandaged every day, and bandages are alum used. At night the compression is removed, and sleeping shoes without soles, which prevent the feet expanding, are put on. The pressure is so intense that sometimes sores are produced; but the bandages are still applied as before, only that alum is used at night. It is said that the actual pain is not great, nor are the general results upon the constitution bad. The "correct" size is about four inches, and this can only be obtained by the early commencement of the cramping process and assiduous compression. The bandages are applied so that the second, third, and fourth, and particularly the little toe, are bent round and under the foot, so as to secure the least possible breadth in the latter. The heel, by what surgeons know as a figure-of-8 bandage, is approximated to the ball of the great toe, and does not form an angle with the bones of the leg, but is made to fall into the same line, and becomes apparently a continuation of them. The bones of the instep are thrust forward at the front of the foot, and bulge out, as it were, giving rise to a crescentic elevation, resembling, it is imagined, the new moon. The foot consequently rests on what is really the back part of the heel, the ball of the great toe, and the fourth and fifth toes. Of course the leg shrinks; there is no *calf*, because the muscles are not exercised, and there is no bending of the knee- or ankle-joints. The gait, adds Dr. Dudgeon, is mincing, the arms swinging from side to side, and the body is never straight or steady. The women walk or stand on their heels; and yet, from the nature of the shoes, with the heel one or two inches higher than the toes, they may be said to walk mainly on their toes. It is impossible not to recognise some resemblance between the gait of the Chinese lady and the Grecian bend of the girl of the period in our own country. The evil results, indeed, which follow the raised heel, and the throwing forward of the body, are similar in the two cases, as far as the pelvis and spine are concerned.

CLUB SURGEONS.

To the Editor of THE LANCET.

SIR,—I live in a country town, where there are three other surgeons besides myself. Some thirty Clubs and Benefit Societies have their location in the place, a certain number of which employ all three medical men, others only two, and the remainder are satisfied with the services of one. When I came to live here a few years ago, I was amused and surprised to find that in several instances the family had "three doctors," the husband, wife, and children each having their own separate attendant. I also found that in many cases the wife employed *two!*—one, the Club surgeon, who received the munificent sum of 3*s.* 6*d.* or 4*s.* per annum; the other attended only at the time of her confinement. This I thought was too bad, as in the event of the woman not recovering satisfactorily, as soon as the thirty days (from the date of the child's birth) had elapsed, the Club surgeon was called in *virtually to do the dirty work of the accoucheur*; and as I had been called upon on several occasions to attend in the latter capacity—*once for several weeks*,—I determined to put a stop to what I considered a most unfair practice. From that time, whenever a female comes to me to be examined for admission to a Club or Society, I give her to understand that if I am to be her Club surgeon, I must also be her surgeon *at all other times*. This stipulation is simply to protect myself from what I have stated above. One of my brother-practitioners, whom I met in the street some weeks ago, spoke to me on the subject. He said he considered I was guilty of a considerable breach of medical etiquette, and that I was going out of my way to deprive him of patients; and lastly, that I was by such a course "touting" for practice. I replied that nothing was further from my wishes or intention; that the course I had thought proper to adopt was equally open to him and the other surgeon in the town; that the candidates came to me of their own free will, after selecting from three surgeons and thirty Societies; and that I considered I had a perfect right to make my own rules for the guidance and working of my own practice. He said he had named the matter to several practitioners, who (he said) *all* thought it a most extraordinary proceeding on my part.

Will you kindly do me the favour to give your opinion on the subject?

Your obedient servant,

A PRACTITIONER OF FIFTEEN YEARS' STANDING.

October 6th, 1869.

*** Our correspondent appears to us to be perfectly right. In the first place, the scanty remuneration paid to Club surgeons is defended, alike by those who give and by those who receive it, on the ground that it is increased by labour fees, and by the practical certainty that the Club surgeon will be called upon to render to the families of members all the professional services for which the payments do not provide. In the next place, every practitioner has an undoubted right to lay down the terms on which he will enter into a professional contract, and to decline the contract if these terms are not acceded to.

COTTAGES.

IT is gratifying to see in the pages of *Chambers' Journal* for September 25th a very interesting article on the subject of Cottages, in which the importance of the subject of house accommodation to the poor is clearly set forth. The article consists largely of a description of the method of constructing cottages, invented by Mr. Nicoll, of Regent-circus, which has been brought prominently under the notice of the Commissioners inquiring into the employment of women and children engaged in agriculture. Mr. Nicoll's invention really seems to justify hope that there may be an end to this depressing difficulty of finding houses for the poor to satisfy the joint demands of decency and health. From a medical point of view, we may say that Mr. Nicoll's invention, or any similar one that shall prove practicable, will be like a new discovery in medicine. We are sickened with the difficulties of treating the diseases of the poor. Let us hope that with better houses they may have better health and higher notions of the enjoyment of life. Mr. Nicoll's cottages are erected of slabs of concrete. The slab is composed of several layers, which together form the thickness of three inches. The centre consists of a fabric of straw, sewn together by a large sewing machine, and compressed by a roller into a thickness of one inch. A cottage on this plan, details of which will be found in the article referred to, with a living-room and three bed-rooms of ample size, fulfilling all the requirements of health, decency, and comfort, can be built for £35, of great strength, and proof against both fire and damp. We can only hope that Mr. Nicoll's invention may have an extensive and fair trial. Specimens of the cottages may be seen at Twickenham, and near the Fulwell station.

Mr. R. N. Day.—The Irish qualifications named are respectively recognised as a qualification in Medicine and Surgery by the Poor-law Board.

THE letter of *A Student of Guy's* shall receive attention in our next number.

THE CONTAGIOUS DISEASES ACT.

To the Editor of THE LANCET.

SIR,—I quite agree with your views on the extent of syphilis in this country. In addition to the vast amount of easily detectible disease, we must take into consideration the visceral affections which exist, as I believe to have shown, to a greater extent than was formerly suspected. As to legislation, I do not advocate the adoption of Continental measures *in toto*, but only so far as they may suit this country. No one will deny that the regulations and principles on which Lock patients are admitted into workhouse infirmaries or hospitals, or *refused* admission, and the extent of accommodation, want revising and fixing by some official authority. It may be found that much can be done without constructing new buildings, and that very effective hygienic measures may be devised without coming into collision with the independence of individuals or the prejudices of the public.

I am, Sir, yours obediently,
Charlotte-street, Portland-place, October, 1869. F. OPPERT, M.D.

To the Editor of THE LANCET.

SIR,—I observe in your journal of last week a very able article in favour of the Contagious Diseases Act, seriously impugning Mr. Simon's Report to the Privy Council. The writer disputes the accuracy of Mr. Wagstaffe's Report, upon which in some measure Mr. Simon's opinion is founded, and states that as he (Mr. Wagstaffe) found 345 cases of syphilis in one week, this number multiplied by 53 would give 17,940 in a year; to which if double the number, 35,880, be added as the probable amount from other hospitals, dispensaries, and union workhouses, we should get somewhere about 53,720 cases as the aggregate amount of syphilis in London for one year.

Allow me to say that this could only be correct if 345 *fresh cases come in every week*; but all who have been engaged in hospital, union, or dispensary practice know that this is not the fact. From week to week the bulk of patients remains the same. In 300 or 400 patients, probably 20 would be discharged weekly, and be replaced by about the same number of fresh patients. Instead of multiplying 345 by 53, then, we should only multiply the weekly addition by 52; and assuming this increase to be 20, we should have about 1000 instead of 17,940, and 2000 instead of the number suggested by the reviewer as the grand total of syphilis in London annually. This, in a population of 3,000,000, would be *one-tenth* per cent.: an amount so fractional that I venture to think it does not justify any legislation whatever, much less the restrictive measure with which we are threatened.

I am, Sir, yours respectfully,
Nottingham, October 15th, 1869. THOMAS WORTH.

*** We publish Mr. Worth's letter as a fair illustration of what passes for argument among those with whom he has associated himself with reference to this question. We confess to a doubt whether he has read either our observations or Mr. Wagstaffe's Report. We did not dispute the accuracy of the Report, but the conclusion sought to be based upon it. The language of the Report is not quite clear on the point that Mr. Worth has raised. Mr. Wagstaffe states that he was careful not to count the same patient twice over. If, however, he counted not only the fresh applications, but all the patients under treatment, it is plain that our estimate would need a revision, based, not upon Mr. Worth's imaginary 20 discharges per week, but upon the ascertained average duration of treatment. To maintain a floating balance of 350 patients, with 20 admissions and 20 discharges weekly, the average duration of treatment would be more than seventeen weeks. But the fact is that all such estimates are conjectural. Mr. Wagstaffe did not profess to include all the cases that were really syphilitic, but only those that were obviously and transparently so. The lurking and insidious evils of syphilis are quite as frequent as, and far more grave than, those which lie upon the surface; and hence Mr. Wagstaffe's observations really evaded the whole question at issue. It is a very simple one, and has been very unnecessarily encumbered with irrelevant considerations. Certain women are, under certain circumstances, dangerous to the health of the community, and it is proposed to seclude them while the danger exists. That is all!

"TRYING TO 'DO' THE DOCTOR."

IT is a fact little creditable to human nature, but nevertheless it is an undoubted fact, that a great many people who are anxious enough to send for the doctor whenever they have (or fancy they have) anything the matter with them, are very unwilling when the bill comes in to pay it. They will, if possible, get something knocked off the total, and, furthermore, they seem to think themselves justified in keeping the doctor out of his money as long as suits their humour or convenience. Medical men are somehow or other always unwilling to invoke the aid of the County Court, though the reason why they should be more so than other classes is not very obvious. Whenever they do take legal measures to enforce payment, it is very rare indeed that their claim is not allowed by the Judge, and this affords the best possible proof of the general fairness of medical charges. A case has just been decided at the Staines County Court, which illustrates the sort of meanness very often attempted to be practised upon the profession. Dr. Clark, of Staines, sued a person for £5 11s. for medical attendance to the child of the defendant, who denied the claim, saying that Dr. Clark had promised to cure the child for 7s. 6d., which sum had been paid. Dr. Clark, however, said that he had attended the child during a period of six months—in fact, it being a peculiar case, he did it more for scientific research than for the pay, and his charges were absurdly small. It was true that the defendant had paid him 7s. 6d. but this was for a consultation in London. The child had been completely cured, and defendant had offered him £4, which sum he refused to take, because he was in good circumstances, and well able to pay the amount. The Judge made an order for payment of the full amount in a month, with costs and attorney's fees, at the same time telling the defendant that he ought to be ashamed of himself.

M.D. St. And., L.R.C.P. Edin., and *Colon.*—A letter for each of our correspondents, who addressed us with the above signatures respectively, now lies at our Office.

J. A. H.—THE LANCET of September 21st and October 26th, 1867.

ARE THE PUPILS OF THE EYES CONTRACTED DURING SLEEP?

To the Editor of THE LANCET.

SIR,—Having seen the letter of your correspondent in your last number, signed "J. H. J.," I beg to confirm his observation, that during sleep, or, as he terms it, "normal" or natural sleep, the pupils are contracted. I have for many years taken the opportunity of confirming this fact, especially as I have been unable to find in any treatise on Physiology at my command any notice of this interesting and practical point in medicine. I have also tested several of my medical friends, and have found them totally ignorant of it. The commonly received idea that the eyes during sleep are rotated inwards and upwards is not true, the axes of the eyes being directed as if looking straight forwards. The greatest number of my observations have been made upon children. A statement of the difference between the natural state of the pupil during and immediately after sleep and that induced by a poisonous dose of opium will best show the importance of this subject. If the upper eyelid of a child asleep be gently lifted up by the ball of the thumb, so as not to wake it, the pupil will be found directed forwards and *contracted*; if the child be now roused, the pupil will become immediately largely dilated, but after a short time will respond to the stimulus of light. It is curious, as bearing upon this point, to observe that the pupils in children become dilated upon any great excitement. In poisoning by opium, the pupils, as is well known, are contracted during sleep, and remain so on arousing or waking the patient. What the state of the brain is during sleep I do not presume to say—whether that of anæmia or congestion; but the crossness of children after being disturbed or upon awaking from a sound sleep, taken in connexion with the sudden and temporary dilatation of the pupil, seems to point to one of these states. From a similar cause adults complain of a feeling of malaise, a headache, saying that they have slept too long or too soundly. In a fatal case of opium-poisoning under my care a short time ago, I noticed that immediately upon death taking place the pupils passed from a state of contraction to one of permanent dilatation.

I am, Sir, your obedient servant,
Bristol, October 18th, 1869. ROBERT W. ELLIS, M.R.C.S.

Mr. Samuel Foulds.—We cannot speak positively of the nature of this case, as the details are not published by our correspondent. The coolness with which the chemist in question speaks of visiting the unfortunate lady, and the complacency with which he speaks of his own ability, are alike surprising.

THE MEDICAL CLUB.

WE are asked to say that the next house dinner at the Medical Club, to be presided over by Sir William Fergusson, will take place on Wednesday, Nov. 3rd, and not, as previously announced, on Thursday, Nov. 4th.

Subscriber, (Liverpool.)—Tanner's Practice of Medicine.

C. R. K.—The M.R.C.S. is strictly a surgical, and therefore single, qualification. The medical qualification named will answer the purpose.

Dr. Woodward's letter shall be inserted next week.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL SCHOOL.

To the Editor of THE LANCET.

SIR,—I appeal to your aid to suppress a nuisance which exists in our Medical School. No sooner does the lecturer make his appearance in the theatre than a certain portion of the students present begin to make the most unearthly yells and shrieks which can be heard outside a lunatic asylum. If this disturbance ceased with the commencement of the lecture, one would simply regard it as a kind of "blowing off steam" of exuberant spirits; but this is not the case. The lecturer is disturbed at frequent intervals by a repetition of this uproar, so that not only is he himself interrupted, but those students who are desirous of taking advantage of the lecture are prevented from so doing by the turmoil created by those who are entering upon a high profession, without those feelings which characterise gentlemen. I enclose my card, and remain,

Your obedient servant,
October 20th, 1869. ST. BARTHOLOMEW'S STUDENT.

THE SCOTTISH METEOROLOGICAL SOCIETY.

At the last half-yearly meeting of the members of this Society, the Report from the Council was read, in which the failure of the Council to obtain any assistance from the Government grant to the Royal Society for meteorological purposes was touched upon. The Council considers—and we entirely agree in that conclusion—that the Society has a strong claim in equity for some assistance from the public funds—1st, because it supplies a Government department (that of the Scotch Registrar-General) with extensive meteorological information; and 2ndly, because many other Societies in this country, whose operations tend to the advancement of science or art, and supported (like this Society) by voluntary contributions, receive yearly grants from the public funds. The Treasury, it seems, acknowledged the justice of the Scottish Society's claim to participate in the Royal Society's grant, and recommended an application to Burlington House; but the answer from that quarter was an acknowledgment, "in the most handsome terms," of the services of the Scotch meteorologists, at the same time regretting that the application came too late, as all the money was disposed of. Reporting their non-success to the Chancellor of the Exchequer, the Scotch Society was magnanimously advised to "appeal to the Scottish public for further pecuniary help"! That appeal has been made, and the Council is in hopes that the response will be favourable.

H. D. R., (Pembroke Dock.)—The paper is in type, and shall shortly appear.

WATER-FILTERS.

To the Editor of THE LANCET.

SIR,—The subject of water filtration being deemed of sufficient importance to occupy a considerable space in your number of the 9th instant, we are induced to send you a few observations upon it.

With reference to the Report of the Army Sanitary Committee, it is difficult to see the logic of the conclusion arrived at—viz., that, however good a filter may be, the Committee are not prepared to recommend it for use at foreign or Indian stations, because it requires cleansing and keeping in order; yet in the same Report they advocate the use of a complicated arrangement of sponge, sand, and charcoal, enjoining upon the medical officer the duty of "cleansing this by careful washing, or by renewal of the filtering media, regimentally under his inspection." Now, it is self-evident that in any really efficient filtering apparatus there must be a certain amount of clogging, on account of the solid impurities contained in the water accumulating in the filtering medium; and the object of the manufacturer should be to furnish a ready and simple means by which this accumulation can be removed from time to time as it is formed. This is a point to which we have devoted a good deal of attention, and we cannot imagine anything more expeditious or simple than the cleansing of one of our filters when once understood. The renewal of the material is also equally simple, as when required for foreign stations we supply the filtering medium prepared in such a manner that nothing more is necessary than to cement it into the filtering vessel—a process involving far less time and labour than that which would have to be performed by the medical officer in the case of the filters recommended by the Committee.

A word also to your correspondent, "Aqua Pura," on the subject of lead. It is, as you say, undoubtedly better to avoid the use of lead-pipes altogether for the conveyance of drinking-water; but if your correspondent is so situated that this is impracticable, we shall be glad if he will pay a visit to our works, and he may satisfy himself that it is possible by mere filtration to remove all traces of this obnoxious metal from water so contaminated.

We are, Sir, your obedient servants,

THE SILICATED CARBON FILTER COMPANY.

Church-road, Battersea, London, Oct. 13th, 1869.

FEVER AT CHIPPENHAM.

FROM a letter which has appeared in the *Devizes Gazette*, we gather that the sanitary condition of Chippenham is such as to call for a visit from *one* or other of the Inspectors of Public Health. The *Gazette* correspondent says: "There can be no doubt that Chippenham is a focus of fever;" and the fact that two of the most respected and influential inhabitants (Dr. Colborne being one of them) have fallen victims to that disease within a short interval, affords at least strong presumptive evidence of something being wrong either in the drainage or water-supply (or both) of the town. Some time ago we noticed that an effort on the part of some of the better instructed townspeople was made to get the Local Government Act applied to the town, in order that the defective drainage and and water-supply might be remedied. The opponents of sanitary improvement were, however, able to prevent the adoption of the Act. Why do not a few of the more sensible inhabitants appeal to the Home Secretary forthwith?

Dilemma might apply to the medical superintendent either of the Lunatic Hospital, The Coppice, Nottingham; or of the Northampton General Lunatic Asylum; or of Barnwood House, near Gloucester; or of the Warneford Asylum, near Oxford.

Mr. S. Argent.—We cannot undertake to return rejected communications.

J. C. M.—Consult the advertising columns of THE LANCET for the last four weeks.

THE MEDICAL PROVIDENT SOCIETY.

To the Editor of THE LANCET.

SIR,—The Medical Provident Society which was formed some years ago, and of which I had the honour to be Secretary, is no longer in existence. After a trial extending over more than two years, and after various endeavours, by circulars and advertisements, to make the Society and its advantages known to the profession, the number of contributing members was far too small to ensure financial safety to the Society, and there was apparently no prospect of improvement. The Society was therefore formally dissolved, each contributing member receiving back, in full, the money which he had paid.

Your obedient servant,

Great Coram-street, Oct. 20th, 1869. ALEXANDER HENRY.

PROFESSIONAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—May I request the favour of publication in your journal of the following remarks and correspondence.

A Club patient of mine suffering from phthisis, for which he had been treated by my assistant at my surgery, contracted fresh cold, by which he was laid up. During my absence from home he was treated at his own residence by Dr. Johnston, my assistant. The case was correctly diagnosed, and the symptoms were aggravated by a very severe attack of neuralgia of the face and scalp, to such an extent that the poor fellow was lock-jawed for several days. After a week I returned, and took the management of the case. From the first I had little hope of saving life, more especially as the patient's father had died of phthisis, and the disease was hereditary in his family. However, I did my best; but the patient died in a week after my first seeing him. On the morning of his death I called, and was taxed by his friends with great cruelty, in that I had allowed the man to die of typhus fever, and had taken no means to prevent the rest of the family from catching it. Picture to yourself my astonishment when I was informed that a physician from London had been down the previous night (October 1st), and stated that the patient was dying of "black typhus fever," ordering all inmates of the house to be removed immediately (11.30 P.M.). The uproar was furious, and the neighbours frightened out of their senses. By some I was accused of killing the man. Dr. Palfrey was this physician.

Now, Sir, allow me to tell you, on the authority of many years' experience in the treatment of fever, backed by that of Dr. Johnston (late of the Meath and Cork-street Fever Hospitals, Dublin), that there was not a trace of fever in the case, but that the man died of pulmonary disease, hastened by exhaustion from the neuralgic pain. I and my assistant had been attending the case for a fortnight. Dr. Palfrey was in the house a few minutes.

On the morning of the death I received the following note from Dr. Palfrey:—

18, Finsbury-square, October 2nd, 1869.

DEAR MR. FIRTH,—I received the enclosed yesterday (*a letter from the man's employer, requesting Dr. P. to see the case*), but was unable to attend to it until after the London Hospital meeting. Having no idea who was in attendance, I drove down to Capt. B.'s, arriving there at 11.20 P.M. I felt sure it was then too late to turn you out to go through the form of a consultation. I therefore went to the patient's house, and found the poor man, M——, moribund. From all I could see and learn, I concluded he had been the subject of an attack of typhus. His bladder appeared full, and urine was dribbling away. Of course there was nothing to be suggested but the removal of the poor little children.

With kind regards, believe me to remain, dear Mr. Firth,

Faithfully yours,

JAMES PALFREY.

In answer thereto I sent the following:—

Union-road, October 4th, 1869.

MY DEAR SIR,—I received your letter of October 2nd in due course, enclosing one from Mr. B., he requesting you to see my patient, M——, and that you did so at your earliest convenience. I willingly acquit you of wishing intentionally to act in an unbrotherly or unprofessional way as regards visiting the patient in the absence of the actual medical attendant; but you must excuse me if I cannot say the same as to your seeing a patient for the *first* time, who had been attended daily by myself or Dr. Johnston, M.D. and M.C., my assistant, and then and there, not knowing the facts of the case from a medical point of view, giving a most positive opinion that the cause of death is fever, and that all the inhabitants of the house should remove immediately (11.30 P.M.). I trust, my dear Sir, you will see with me such proceedings were hardly fair and hardly professional. In the judgment of myself and Dr. Johnston, from daily attendance and watchful particularity, I state the case as one of pulmonary disease, aggravated by severe neuralgia of face and scalp, preventing sleep for nights, and terminating in death from exhaustion. Any fever symptoms apparent at the approach of death—i. e., a very small amount of sordes, &c., may be seen in almost every case of exhaustion. Other symptoms of fever I could not recognise.

I trust you will excuse my late reply, as I have been confined to bed for two days. I am, &c. &c.,

Dr. Palfrey. J. T. FORBES-FIRTH.

On October 8th I met Dr. Palfrey at 3.30 P.M. The following are notes taken of the conversation:—

Dr. Palfrey: "I was exceedingly annoyed at the receipt of your letter, and I am now going down to B.'s to tell him that I shall see none of his men in future unless I receive a notification from him that he has written to the proper medical attendant to meet me in consultation; for it is not worth my while to be brought into hot water and epistolatory misunderstanding with my professional brethren. I was distinctly under the impression, from Mr. B.'s communication to me, that M—— was a patient of F.'s, and to prove the same, on driving done, I called at F.'s. He was out; but S., his partner, was at home. He doubted if the case was theirs (not remembering the name); but having a man suffering in the same place, he thought it might be him taken worse. I told him to jump in, and we drove to his patient's; found the man in bed, very much better, and requiring no medical assistance. I drove to your case, and saw the man, M——; found him in a moribund condition, hardly able to put out his tongue, with some ill-defined spots on the right side of stomach. I pronounced it a case of typhus, and ordered that *the children should be removed from the house at once.*"

I then replied: "Palfrey, I exonerate you from acting unprofessionally as regards visiting my patient in my absence; but I must say it was a most unprofessional and uncalled-for act, after finding that I and Dr. Johnston, my assistant, and late resident at the Meath Hospital, had been in daily attendance, that you should then and there give a positive opinion without first learning what our opinions were. I consider the act unjustifiable. As for fever, the idea is ridiculous. The man died from pulmonary disease, from which his father died previously."

Dr. Palfrey: "At all events I shall not be bothered this way any more." And, without further leave-taking, he entered his carriage and drove away.

Such being the facts, I now leave the case in your hands and those of my professional brethren to judge between Dr. Palfrey and myself, regretting that I should have to occupy so much of your valuable space, and that I am compelled for the first time in my life to come into collision with a professional brother.

Your obedient servant,

Union-road, Rotherhithe, Oct. 11th, 1869. J. T. FORBES-FIRTH.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

AN interesting meeting was held in Birmingham on Saturday evening last in connexion with the Working Men's Fund for the Extension of this Hospital. The Amalgamated Society of Engineers met for the purpose of handing, through their Chairman, the sum of £16 to Mr. Sampson Gamgee, who was present to receive this special gift from the Society to the Extension Fund. It was explained that this money did not represent the sum given by the members, who had likewise contributed in their workshops. Mr. Gamgee acknowledged the gift on behalf of the Fund in an energetic speech peculiarly suitable to the occasion, pointing out (in reference to an allusion to the expenses of management) that the working men had the power of managing the Fund entirely in their own way by the appointment of delegates to the Committee. Mr. Gamgee said that what he should like to see written upon this hospital in St. Martin's Rectory ground was—"Erected by the working classes for the benefit of their fellow-citizens."

Mr. Bond Moore's letter shall receive attention.

UNUSUAL CASES OF VACCINATION.

To the Editor of THE LANCET.

SIR,—As a comment on the letter from Dr. Morris, published in your last impression, I beg your insertion of the following facts.

Sept. 2nd, 1864.—I vaccinated from the same tube of lymph A. and B.

9th.—A. had taken in all three places. B. presented no sign of vaccination. I repeated the operation on B. with lymph from A.

16th.—B. had all six points normally developed for the eighth day. The first vaccination had laid dormant eight days.

May 5th, 1863.—Vaccinated C. with fresh lymph.

12th.—No sign of vaccination, and I repeated operation with fresh lymph.

19th.—No sign of vaccination.

June 23rd.—Repeated the operation with fresh lymph.

30th.—No sign of vaccination.

July 6th.—Sent for, and found two points normally developed for seventh day.

I cannot state from which of the three vaccinations the two vesicles resulted.

Yours faithfully,

Framlingham, October 17th, 1869. GEO. E. JEAFFRESON.

To the Editor of THE LANCET.

SIR,—I think the explanation of Dr. Morris's case, published in your last issue, is that the extra vesicle which was observed was one of the forms of supernumerary vesicles, an account of which will be found in Seaton's Handbook of Vaccination, p. 81. The longest time I can find recorded of revival of dormant vaccination is three weeks. This case is mentioned in the same work, p. 71.

Yours truly,

G. E. YARROW, M.D.,

Old-street, October 20th, 1869. Public Vaccinator of St. Luke's.

Mr. R. Walker, (Stockport.)—We can only congratulate our correspondent on having discovered a cure for typhus fever by means of "an outward application of so gentle a nature that it does not even blister the skin." No doubt such a remedy would be "a benefit to the world at large;" and he may, therefore, feel surprised that we manifest so little desire to ascertain its nature. The reason is very simple: we utterly disbelieve the statements.

THE USES OF THE UVULA.

To the Editor of THE LANCET.

SIR,—As Dr. Garrett seems anxious to get as much information as he can about the uses of the uvula, I beg to say that I suspect it has something to do with vocalisation. I am fond of music, singing two octaves easily; and upon examining my throat, I find I have the power of drawing the uvula completely up out of sight, and that it is capable of very rapid movements. I would suggest the utility of examining the throats of vocalists, as what happens in my case may merely be a coincidence.

Yours obediently,

October 19th, 1869. A READER.

A Licentiate.—We cannot admire the letter which our correspondent forwards. He will forgive us for saying that neither can we admire the reasoning with which he reconciles himself to the use of the title of "Doctor" by himself or others, not having degrees. It is only the vulgar who use the title in the sense in which he uses it.

Dr. Campbell.—The case shall be inserted.

FOOT AND MOUTH DISEASE.

To the Editor of THE LANCET.

SIR,—May I be permitted to inquire, through the medium of THE LANCET, whether this disease, as seen in cattle, has been also seen in the human subject?

Yours faithfully,

October, 1869. S. L. G.

A Country Practitioner.—We have referred to the advertisement, and think it would be understood that the person was insane.

A Sufferer.—Sin no more.

A Medical Governor.—Next week.

Mr. T. Harrison is thanked. Our Publisher's attention shall be called to the matter.

Mr. C. H. Andrews should qualify before he goes abroad.

THE ARECA NUT IN TAPEWORM.

To the Editor of THE LANCET.

SIR,—Will any of your numerous readers be kind enough to inform me if areca nut has been given to the human subject as a remedy for tapeworm, with what result, and in what dose? I have seen sixty grains of the fresh powdered nut in combination with manna given to a dog suffering with the parasite, and in an hour afterwards the worm, head included, was expelled.

Yours truly,

Cork, October 14th, 1869. WM. COLLIS, Assist.-Surg., R.H.A.

Dr. Hitchman.—We should be glad of the latest information as to the terms upon which the M.D. of Erlangen is granted, and the nature of the examination. The deliverance of the Judges referred to is very vague, and does not seem to mean very much. The serious difference between foreign and British degrees is, that it is much more possible to arrive at an estimate of the "proper value" of the latter than of the former. Many of the former are obtained in ways so objectionable that, as they are unrecognised by our Medical Council, their recognition cannot be binding on private persons.

COLLEGE OF PHYSICIANS: FOREIGN DEGREES, ETC.

AN old correspondent makes the following suggestions and remarks:—

"First. That none be admitted to the membership of the London College of Physicians but those who have held a degree in Medicine for ten years.

"Second. That licentiates be admitted to the membership, without further examination, after they have held a British degree in Medicine for ten years, provided they are not engaged in pharmacy. Such a regulation as this would benefit the College by inducing many men on taking their degree at once to connect themselves with it, by taking the license on commencing practice, as they would thereby avoid the unpleasantness of facing examinations after years of practice—a risk so great that many men, and good ones too, dare not encounter it.

"Third. To urge the College authorities, in their list of fellows, members, &c., to print the letters M.D. only to the names of those gentlemen who possess the title as recognised by the General Medical Council, thus to discourage the growing evil of purchasing foreign degrees."

We are probably in a state of transition in respect of the functions of the College of Physicians and its relations to other licensing bodies. As regards our correspondent's suggestion for the discouragement of the growing practice of taking foreign degrees, there is much to be said for it. The Medical Council should recognise certain foreign degrees of acknowledged respectability. Others can never be recognised by English authorities, and there is no need for private persons to recognise them.

HAIR-DYE.

To the Editor of THE LANCET.

SIR,—If Dr. Godfrey, of Enfield, will kindly mention the *strength* of the solution of chloride of gold for colouring the hair brown, and also Dr. M'Call Anderson's formula for a black hair-dye, he will confer a great benefit on,

Your correspondent,

Limerick, October 14th, 1869. A GREY-HAIRED M.D.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Hyde Salter; Dr. Matthews Duncan; Dr. Wood, Edinburgh; Dr. Broadbent; Dr. Kershaw, Royton; Mr. Winter; Mr. Nunneley; Mr. W. Hyslop; Dr. Carrow; Dr. Mapother, Dublin; Mr. Seymour, Warrington; Mr. Gilbert; Mr. Lewison, Stamford; Mr. G. Walker, Guildford; Dr. Drummond, Oldham; Dr. Lory Marsh; Mr. Lloyd, Gilfachwen; Dr. Moore, Leeds; Mr. W. Ley, Cirencester; Mr. Ware, Hailsham; Dr. W. H. Stone; Mr. Stokes; Dr. Herbert, Billinghurst; Mr. J. Robertson; Mr. H. Whiting, Haslemere; Dr. Moore, Wolverhampton; Mr. Prin, Witney; Mr. Whalley, Bradford; Mr. J. Manley West Bromwich; Mr. Dicey, Canterbury; Mr. Birt, Stourbridge; D. Hamilton, Liverpool; Mr. Newman; Dr. Phillips; Mr. R. Marshall, Kirkush; Mr. S. Cox; Mr. Brown; Dr. Denton, Hornsea; Mr. Hodgkins; Dr. Rutherford; Mr. Hall, Sheerness; Mr. F. Daniels; Dr. Gamgee; Dr. Rhind, Mirfield; Mr. Ellis, Bristol; Dr. Garrett, Hastings; Mr. Robinson; Dr. Bennett, Dublin; M. Troltsch; Dr. Henry; Mr. J. Gay; Mr. Grove; Dr. Heaton; Mr. Winstanley; Mr. Baker, Wragby; Mr. T. Taylor, New Castleton; Mr. Howard; Mr. Jones; Dr. Campbell, Carlisle; Dr. Day, Harlow; Dr. Gooding, Greenwich; Dr. Robertson, Hayward's Heath; Mr. T. Allanson; Mr. Arthur; Dr. Reynolds, Pembroke; Dr. Jeaffreson, Framlingham; Mr. R. Easton; Mr. S. Argent; Mr. H. Bean, Oldham; Mr. W. Hughes, Ponty Glyn; Dr. Sedgwick; Mr. Hall; Mr. Veysey, Brighton; Mr. J. Wilson, Cullen; Mr. Craven; Mr. Walter; Mr. Smith; Mr. W. Whitehead, Manchester; Dr. Farquharson, Rugby; Rev. E. Bartrum; Mr. Jenkins; Mr. W. Wood; Dr. Roberts; Mr. Moore, Evesham; Dr. Bradbury, Cambridge; Dr. Woodman, S. Sidwells; Mr. J. Smith; Dr. Williams; Mr. Walker, Stockport; Mr. Davenport; Mr. Collis, Cork; Dr. Gill, Dover; Mr. Ash; Mr. Millington; Mr. Worth; Mr. Stilwell; Mr. Marsh, Truro; Mr. Colegrave, Blixham; Dr. Snape, Upton; Mr. Ewell; Dr. Harding, Whitchurch; Mr. Brooke; Mr. Griffith, Conway; Mr. Bowes; Dr. Thomas, Kelloe; Mr. Ball; Mr. Macdonald, Willington; Dr. Ellis; Mr. King, Spalding; The Secretary of the Royal Institute of British Architects; Veritas; C. F.; A Medical Governor; J. A. H.; Omega; St. Bartholomew's Student; M.R.C.S.; Celsus; M.B.; Medicus; A Reader; M.D., Liege; A Sufferer; D. C. L.; A Student of Guy's; R. C.; S. W.; A Country Practitioner; Aliquis; C. R. K.; E. G.; J. C. M.; Consilio Manuque; Excelsior; J. F.; A Subscriber; A Liverpool M.D. Erlangen; R.M.; &c. &c.

Newcastle Daily Chronicle, Brighton Gazette, Stratford Mercury, Gwent Chronicle, Brighton Guardian, Downpatrick Recorder, Bucks Herald, Wednesbury Advertiser, Dublin General Advertiser, Essex Standard, Bermuda Royal Gazette, Hackney Express, Evening Star, Jamaica Guardian, York Gazette, and Scarborough Gazette have been received.